THE

MEDICAL AND SURGICAL REPORTER.

No. 1389.] PHILADELPHIA, OCTOBER 13, 1883. [Vol. XLIX.—No. 15.

Original Department.

Communications.

THE VALUE OF EXTERNAL EXAMINATION AND MANIPULATION AS A MEANS OF DIAGNOSIS IN OBSTETRICS.

BY E. E. MONTGOMERY, M. D.,

Obstetrician to the Philadelphia Hospital.

[Read before the Northern Medical Society of Philadelphia.]

Every method of procedure that increases our knowledge of obstetrics, and enables us to determine with greater exactness the approximate period of pregnancy and position of the fœtus prior to the inception of labor, is worthy of our most serious consideration. External manipulation is a procedure of late date; while practiced to a limited degree in Germany during the greater part of the present century, the first systematic treatise upon the subject was by Mattei, a Corsican physican, in 1855.

It is now a well-known practice throughout Germany, taught in all the schools and hospitals, but in this country is followed only by those acquainted with German teaching.

The importance of the subject can be appreciated when it is recognized that by its practice we can determine, during the last month of gestation, the existence of conditions which are likely to interfere with the normal progress of labor, and are thus enabled to prepare ourselves and the patient for the exigencies of the case. Schrœder says: "For the less practiced observer, unless the conditions be exceedingly unfavorable, the determination of the fœtal presentation by external examination allows of much less room for error than if undertaken by internal examination alone; and the former should never be omitted, because it gives us an excellent control of the results obtained by indication."

Mundé says: "By using all available means of making a correct diagnosis, and detecting whatever may be injurious, we are not only doing our duty as physicians to our patients, whom it is our first and chief object to assist and benefit, even if necessary at the cost of slight personal inconvenience on either side; but we are also conforming to the present requirements of our profession, in examining every case before us in the most thorough and scientific manner possible."

The subject may be divided into four subdivisions, each of which supplements and controls the others, and all of which give certainty to the diagnosis. These are inspection, palpation, percussion, and auscultation.

The examination should be made during the last month of gestation, so that malpositions and any abnormalities may be detected and corrected prior to the inception of labor, or suitable preparations made to meet the probable difficulty.

The first duty of the physician upon being called to any case should be to practice external manipulation, even before proceeding to vaginal exploration.

The woman should be placed upon her back with the head and shoulders slightly elevated, and the thighs flexed upon the body to relax the abdominal muscles. If she should voluntarily contract the muscles during palpation, she should be directed to breathe with the mouth open, when the muscles would be found to be completely relaxed. All corsets and constricting bands should be loosened, and the abdomen completely exposed.

A sheet should be thrown over the lower extremities and drawn over the pubes. The rectum and bladder should be empty preparatory to the procedure.

Inspection.—By an ocular view of the abdomen a variety of diagnostic signs are obtained, such as the size and shape of the abdomen, the appearance of the skin, particularly of the linea alba, the presence or absence of cutaneous striæ, the form of the umbilicus, and frequently the movements of the fœtus itself.

By the size and shape of the abdomen, the practiced observer is able to determine the approximate period of pregnancy and the position of the fœtus. As a rule, in longitudinal positions, the abdomen presents a long narrow oval appearance, while in transverse it is broad, more distended at the base, and less so above the umbilicus. The latter condition might also lead to the diagnosis of twins, especially if there be a distinct furrow, and both sides be equally distended. This furrow may, however, be simulated by a distended bladder, or arise from a peculiar formation of the fundus uteri (uterus æcuatus) and is consequently of little value in diagnosis of the fœtal position in plurality.

As the size and shape of the abdomen can be as well determined by palpation, and as it is subject to so many variations, no conclusive deductions should be derived therefrom.

The skin of the abdomen, though sometimes perfectly white and smooth, generally presents numerous red or white shiny lines or striæ, arising from its distension during pregnancy and the consequent rupture of the rete malpighii. The red striæ being of recent origin, indicate a first pregnancy; the white, having undergone cicatrization, denote a previous pregnancy. But as these striæ also arise from other distensions of the abdomen, as tumors, ascites, and even obesity, they have but a secondary importance in the diagnosis of pregnancy.

The linea alba commonly assumes a dark color in the first pregnancy, especially in brunettes, and retains this pigmentation during life, so that it is a diagnostic sign only with the first child.

The umbilicus becomes flatter and less depressed during the last five months of pregnancy, and after this period frequently even protrudes. As the same condition arises from any distension of the abdomen, it has no especial diagnostic significance.

When the abdominal walls are thin, the movements of the fœtus can often be seen, and the position of the fœtal body determined.

It must be borne in mind, however, that such twitchings can be simulated by the voluntary contractions of the abdominal muscles, and the peristaltic motions of the intestines.

Palpation.—By gently and firmly pressing the palmar surfaces of the fingers of both hands into the abdominal parietes, and moving them about with the least possible irritation, we are enabled in the majority of cases to detect with absolute certainty the shape and consistence of the uterus, the approximate period of pregnancy as shown by the size, the amount of the liquor amnii, the position, approximate size, life, and greater or less mobility of the child, its different members, the presence of more than one fœtus, the fullness of the urinary bladder, and finally any abnormal condition, as tumors, malpositions of the uterus, diastasis of the recti muscles, ascites, etc.

The physician should stand upon the right of the patient, and after warming his hands, place them upon the bare abdomen and moving them about by a pawing motion, determine the shape, consistence, and inequalities of the uterus.

The facility with which this is done is greatly modified by the thickness of the abdominal walls, which may be determined by pinching up a fold between the thumb and finger.

The second step is to determine the period of gestation. By passing the hands upward over the abdomen until the fundus is reached, and pressing the ulnar border of the hand in deeply in this point, the number of finger-breadths above or below the umbilicus, or below the sternum, can be ascertained, and consequently the approximate period of pregnancy.

Third. The hands moved along side by side, seek the palpable parts of the fœtus, the head or breech, the extremities and back, and by slightly displacing them determine their character.

Fourth. The presenting part is determined by grasping the supra-pubic region with the whole hand—the thumb on one side and four fingers on the other; or by standing with the back toward the patient's head and placing a hand with the fingers downward over each inguinal region, attempt to make them meet in the middle line, when the presenting part will be grasped between them, and its character, whether head or breech, readily determined.

Fifth. The mobility of the fœtal parts is ascertained by pressing the hand suddenly into the abdomen against the subjacent parts, which if extremities will be withdrawn, if head or breech, will recede and again rebound, producing ballottement.

Period of Pregnancy.—The size and shape of the abdomen are liable to vary at the same period of pregnancy in different persons, according to the size of the fœtus and quantity of liquor amnii.

If we divide the average period of gestation, 280 days, dating from the commencement of the last menstruation, into ten lunar months of twenty-eight days each, we will find the following conditions existing in each:

First and second months. Uterus still in the pelvis and not palpable.

Third and fourth months. During the third month the fundus rises above the pelvis, especially if it be contracted, and in emaciated persons is palpable. Generally it is not palpable until the close of the fourth month, when it is felt midway between the symphysis and umbilicus (four finger-breadths above the symphysis), as a round elastic body with an even surface. Ballottement is occasionally felt.

Fifth month. Fundus one finger-breadth below the umbilicus, generally slightly to the right of the median line; in lean persons the voluntary motions and several parts of the fœtus are frequently recognized.

Sixth. Fundus about one finger-breadth above the umbilicus, the fœtal parts more distinct, especially in multiparal presentation, distinguished without difficulty. The uterus becomes more irregular in proportion to the size and strength of the fœtus.

The fœtal heart-sounds frequently heard during the fifth month are now distinctly perceptible to the practiced ear.

Seventh month. Fundus three fingers' breadth above the umbilicus, inclining still more to the right. The circumference of the abdomen at the umbilicus is thirty-six inches; midway between the umbilicus and symphysis thirty-seven inches; from ensiform to symphysis measures sixteen and one-half inches. The umbilicus is flat, and the fœtal parts become more distinct.

Eighth month. Fundus midway between the umbilicus and ensiform process. The umbilical fossa is entirely obliterated. In primigravidæ, the head is found in the middle line; in multigravidæ, slightly to one or the other side. The fœtal parts are more palpable, and the fœtus has lost its extreme mobility.

Ninth month. Fundus has reached its highest point immediately below the ensiform process; the umbilicus protrudes. The fœtus fills up the uterus, rendering its walls less impressible. The part of the uterus and abdomen in which the breech lies protrudes, destroying the spherical shape.

Tenth month. During the first half the fundus, not being able to rise higher, expands laterally under the false ribs, so that the fundus is indistinctly palpable.

During the last two weeks the fundus, with the presenting part, sinks quite suddenly into the grasp of the pelvis, and becomes more or less firmly fixed there. Consequently, the fundus becomes palpable about where it was at the end of eighth month. The uterus falls forward in its descent, and the change in shape of the abdomen is quite perceptible.

It must be evident that this method of measuring the height of the uterus above or below the umbilicus must be faulty, as the distance between the umbilicus and symphysis varies in different persons; but it is the most convenient, ready and ordinarily sufficiently definite procedure.

These approximations must be influenced by transverse or oblique positions, or where twins exist; also by tumors, fullness of the urinary bladder, contractions of the pelvis, etc.

The diagnosis of the presence of the fœtus, and its position, is seldom possible before the end of the fifth month.

Before the seventh month, the quantity of the liq. amnii is so out of proportion to the size of the fœtus that it floats free in the cavity, neither marring the symmetry of the walls nor remaining long enough in contact with them to allow of distinct palpation.

Subsequently, the different parts become more recognizable; the head is felt as a round, exceedingly movable body, apparently floating free by reason of its flexible connection with the neck, the breech is a larger, softer, more irregular, less movable tumor; the back, being a continuation of the breech, is easily determined by the uninterrupted resistance; the feet and legs are small, irregular, very movable, sharply projecting bodies, easily moved about, and frequently retaliate by striking a sharp blow; the arms are not usually palpable, being folded upon the chest. From the situation of these various parts, it is easy to determine the momentary position. Changes of position are very frequent, taking place often during labor, and are three times more frequent in contracted than in normal pelves.

The presence of a large round body in the upper portion of the uterus indicates a longitudinal position, and if the small parts are also felt near the fundus, the probability is strong of a head presentation.

The detection of a hard, round body above the pubes confirms the diagnosis, which would be

changed to breech should we find the hard body above the umbilicus.

In face presentation, instead of feeling on both sides of the symphyses pubes the hard, round, more or less movable body, the head, we find a firm, smooth, convex surface, corresponding to the forehead and vertex, and a depression above caused by the back of the neck.

On the other side is an indistinct resistance caused by the soft chin and thorax; the feet are felt and the heart-sounds heard, the side corresponding to the chin. By these signs we determine not only the face presentation previous to labor, but also the side toward which the forehead is directed—information of value in turning. Having found the two extremities of the fœtal ovoid, it is usually not difficult to trace out their connecting link, the back, by its greater resistance. In longitudinal positions it is usually divided to the right or left side, most frequently at term to the left. The feet and legs are usually found on the opposite side of the median line from the back.

In transverse positions the fundus and lower segment of the uterus are empty, the long axis of the fœtus corresponds to the transverse diameter. A large body can be felt on either side, and a long hard substance between them; when it is not distinguished the back of the fœtus is turned toward that of the mother. The only absolute sign of pregnancy is the detection of two absolutely identical parts.

Percussion is the least valuable of the four divisions. It is of value in determining an increase of size of the uterus in the fourth month or when the abdomen resists the necessary manipulation for palpation.

Auscultation.—After palpation, auscultation gives us the most reliable information, for by it we are enabled to distinguish,

1. The pulsations of the fœtal heart.
2. The umbilical murmur; and
3. The uterine or placental murmur or soufle.

Other sounds heard are the pulsation of the abdominal aorta, gurgling noises of fluids and air in the intestines, occasionally a splashing noise due to rapid movements of the fœtus in the liquor amnii. Of the three chief sounds, the first and third are heard in nearly every pregnancy; the second rarely, and then only under pathological conditions. The pulsations of the fœtal heart, when distinctly heard, not only determine the existence of pregnancy, but leave no doubt of the presence of a living and usually healthy fœtus. Observers have claimed to have heard it as early as the fourteenth week, but all authorities agree that it is seldom heard before the eighteenth to the twentieth, and Scanzoni says rarely before the twenty-fourth week.

The auscultation may either be direct or mediate.

There are many objections to the direct, as uncleanliness or contagious disease of the woman, the impracticability of applying the ear during the earlier months, when the fundus has arisen but a short distance above the symphysis, the necessity of pressing the ear in so deeply if the woman is fat, or there is an excess of liquor amnii, or the uterus is separated from the abdominal walls by intestinal convolutions; the natural distaste of the lady for the close proximity of the examiner's head, and the various bruits of the observer's hair, whiskers, clothing, etc., interfering with the clearness of hearing.

These objections are all avoided by the use of the stethoscope. It is undoubtedly much easier to find and localize the sounds to one region by the direct method, while the stethoscope aids in counting. If we apply the ear to the abdomen of a pregnant woman directly or mediately, after the fifth month, we can usually hear the rapid dicrotic beat of the fœtal heart similar in rhythm to that of the mother, but much fainter and nearly twice as fast, and therefore need not, with proper care, be mistaken for the pulsation of her abdominal aorta. The fœtal pulsation when once heard is always recognized, and has been compared to the ticking of a watch heard through a pillow.

The pulsations vary from 120 to 160—the rapidity remaining the same during the whole period of pregnancy, though they become stronger with the growth of the child.

As this peculiar sound is producible by no other condition, or not attributable to any other organ, its presence is the only infallible sign of existing pregnancy.

It must be remembered that its absence at any time is no indication of death of the fœtus, as from the position of the fœtus, with the back removed from the anterior wall, the presence of excess of liq. amnii, or anterior attachment of the placenta tumors in anterior wall, or exceedingly loud uterine murmur, it may not be heard. From the peculiar position of the fœtus, it is evident that the pulsations (excepting in face presentation) are heard over its back; if, then, the back be turned to one side or backward, the pulsations will become inaudible or very indistinct.

In vertex presentations, we generally find the pulsations audible on either side opposite to that where the feet are felt. In face presentations, as

we have seen from the approximation of the thorax to the anterior wall, the sounds are heard and the feet felt upon the same side.

In breech presentations the sounds are heard on either side above the umbilicus. In transverse positions we hear them near the umbilicus, generally toward the side where the head is situated.

Since the discovery of the pulsations and their varying frequency, it was seen that the greater rapidity was invariably associated with female children, and the contrary with male. Upon this, Frankenfeld proclaimed the theory, in 1859, that the sex of the fœtus in utero could be foretold as soon as the pulsations were distinctly countable. In fifty cases he predicted the sex correctly in all, twenty-two being boys and twenty-eight girls. The average pulsation for the boys was 124; for the girls, 144. It has been found later, however, that the size of the child has much to do with the frequency of the pulse. My observations in the Philadelphia Hospital lead me to place great reliance upon the table formulated by Dr. Wilson, of Louisville, which is as follows:

From 110 to 125 almost certainly male.
" 125 to 130 probably male.
" 130 to 134 doubtful; chances in favor of a male.
" 134 to 138 doubtful; chances in favor of a female.
" 138 to 143 probably female.
" 143 to 170 almost certainly female.

PRACTICAL OBSERVATIONS ON TETANUS.

BY J. M. F. GASTON, M. D.

Among the obscure disorders of the physical organization, that derangement of the nervous system known by the name of tetanus has received a large share of attention from pathologists and from therapeutists during the past quarter of a century. It is supposed to occur at times idiopathically or from general causes; but the recognized fact that very slight lesions may give origin to this disturbance of the nervous system, leads to the suspicion that all cases may spring from some local injury in one or another part of the peripheral nerves. Various divisions of this affection are recognized by authors, according to the mode in which it is manifested or the portions of the muscular supply to different regions which are involved in the clonic contractions. The disease may be considered in its general characteristics as one and the same, developed in greater intensity in the regions where its effects are most manifest, and the study of its different phases leads to the conclusion that the modifications depend rather upon the intensity than the quality of the impression upon the nervous system.

The comprehensive definition given by Bouchut and Després can only be properly appreciated in the original, as follows: *Une contracture généralisée, commencant par les muscles des mâchoires, gagnant les muscles du tronc a ceux des membres, puis enfin le diaphragme, constitue le tétanos.* This covers the ground, and yet indicates nothing of the nature of the causative element in the contraction of the various muscles involved in this disordered nerve power; and the authors proceed to state that *Le tétanos causé per une lésion du cerveau de la moelle et des cordons nerveux que nos moyens d'investigation ne permittent pas encore déterminer.*

In corroboration of the same view, another authority of equal note may be quoted: "*Le mot tétanos,*" says Littré, "*n'indique que le symptôms essentiel de cette affection, la rigidité musculaire; car du ignore encore quels sont le siêge e la nature intérne de la maladie.*"

"Of the true pathology of tetanus," says Gross, "nothing whatever of a satisfactory nature is known; that it is essentially an affection of the nervous system or of the nerves of particular muscles, must be admitted from the symptoms which characterize it; but in what the peculiar change consists, or to what extent it is carried, are points in the history of the lesion of which we are completely ignorant."

Other authors might be adduced to show that no satisfactory explanation has been presented as to the modus operandi of superficial lesions in the production of the grave disturbance constituting tetanus, and hence the way may be considered open for any suggestion that may throw light upon this subject.

In referring to the paper of Mr. Lister in the Phil. Trans. of 1858, Paget remarks that his experience would render it probable that "there is a co-ordinating ganglionic apparatus in the part itself, which under special conditions of direct irritation is capable of independent action." And he goes on to state, "We have therefore, in these experiments, direct evidence of the influence exercised by the nervous system over the proper cellular elements of a texture." One effect is the counterpart of the other, and consequently a modification in the local cellular structure may be propagated from this *ganglionic apparatus* through its conductors to the general nervous system, and set up the train of disordered action observed in tetanus.

The experiments of Brown-Séquard recently have served to establish the fact of the existence of an independent action in the peripheral development of the nerves; and the correlation of

the nerve fibrils and capillaries with the nerve centres, gives a plausible explanation of the transmission of local lesions to the general nervous system supplying the muscles in the various parts of the body. The excito-dynamic function of the nervous system is a legitimate inference from the data afforded by experimental physiology, and presents a satisfactory clue to the series of rigid muscular contractions which characterize tetanus. Thus, an apparently insignificant vice of nutrition in the *cutaneous ganglia* begets a disturbance that extends to the spinal column, and by a kind of reflex action operates upon the general nervous system, and through this upon the tissues of the various muscles implicated. Why an injury in a superficial part should produce trouble in one case and none in another, depends upon primordial modifications that our present knowledge of the elementary structure fails to reveal; but there is no question as to the fact of such changes being impressed under certain conditions of the organization, and the sequences must be accepted as the regular significance of cause and effect.

The relation of the peripheral ganglia to the internal nerve centres is made subservient to the development of tetanus. Like the congeries of developments in hydrophobia, springing from the local introduction of the rabid virus, it is found that characteristic disturbances result from the vitiated tissues implicated in the peripheral lesion that gives rise to tetanus; and it is clear that some process of decomposition, quite distinct from the ordinary course of inflammation, leads to a depraved state of the cellular elements which enter into the structure of the part affected. As a rule, an injury accompanied with the phenomena that terminate in suppuration does not lead to tetanus, and hence the unknown quantity must be sought in changes outside of the usual inflammatory process in vital structures; but what constitutes this transformation, and why it occurs under certain circumstances, doth not yet appear.

The morbid influence being developed and propagated to the nervous system, the effect continues independent, to a great extent, of the cause; and whatever modifications are made upon the primary source of trouble, it does not generally or frequently arrest the disorder. It persists apparently by an automatic abnormality in the nerve fibres received by a sort of induction from the disturbance in the peripheral ganglia, and this latter is not essential for the maintenance of the derangement already set up through its agency.

If the character of the local lesions could be so operated upon at the outset as to prevent the very peculiar transformation of the inflammatory process which is precedent to the disorder of the nervous ganglia of the part, the access of the disease would certainly be prevented; and such abortive measures as may be available upon the discovery of the premonitory symptoms should be promptly resorted to, so as to mitigate, if not arrest, the full development of tetanus.

In Bannister's theory of the pathology of tetanus, which appeared in the *Journal of Mental and Nervous Diseases* for January, 1876, the ganglionic element of the peripheral nerves was entirely overlooked. He states that "it is impossible, of course, to anatomically prove the initial nervous lesions in many cases of tetanus, and to follow it through the nerve trunks to the nervous centres, from which the first manifestations of serious trouble generally appear. The only thing that can be done is to take the facts that are known, and find a hypothesis which will satisfactorily account for them both singly and in their connection with each other in the general *symptom-complex* of the disease."

"1. A peripheral wound involving the sensitive nervous fibres and causing an irritative local lesion—a neuritis.

"2. Transmission of this irritation, either merely as such, or as actual inflammation, through the nerve trunk and the gray matter of the cord to the medulla and pons, and possibly to the higher reflex centres in the optic thalamus and corpus quadrigemina, or perhaps even to the cortical motor centres of the brain.

"3. Reflection of this irritation along the motor nerves, at first only the trigeminus and accessary, then gradually involving other and spinal nerves, and producing tonic contraction of nearly all of the muscles of the trunk. This is the condition till death in many cases of the disease, but in others convulsions appear in a late stage of the disease."

This hypothesis infers the cause from observing the effects. In a paper presented by Coats to the Royal Medical and Chirurgical Society in 1877, the actual modifications in the tissues are thus given: "In tetanus the central nervous system shows hyperæmia, and certain appearances in the corpus quadrigemina and corpus striatum, with the pons, but chiefly in the cord and medulla oblongata, indicate an exudation of 'a granular material around the vessels.' 'In the medulla oblongata it is noted that a longitudinal vessel in the posterior part is particularly affected, and that here, as well as in other parts, there are occasional

hemorrhages. In the convolutions there is an exudation of a yellow fluid outside the smallest vessels, the medium-sized ones (which are then affected in the end, and the medulla oblongata) having mostly escaped."

"The irritation seems to centre in the medulla oblongata, and in a particular region of it, the localization being probably determined by the anatomical and physiological relations of the nutrient vessels." An abstract from *Deutsche Medicin*, in the *British Medical Journal* of May 18, 1878, states that Dr. E. Aufrecht, of Magdeburg, gives an excellent account of the morbid appearances found in the spinal cord of a case of tetanus.

(*To be continued.*)

SULPHATE OF SODIUM.

BY T. CURTIS SMITH, M. D.,
Of Aurora, Indiana.

In your editorial, page 666 of the MEDICAL AND SURGICAL REPORTER for June 16, 1883, you make the following statement, viz.: "We further learn from Nothnagel's observations, that sulphate of sodium acts far more promptly on the intestines than the sulphate of magnesium, and that it is also far less irritating in character; the redness and local exudation following the application of the latter remedy being invariably more intense than the same symptoms caused by sulphate of sodium."

The rapidity and thoroughness of the action of sulphate of sodium I have very often demonstrated clinically. Given on an empty, or comparatively empty stomach it acts with marked promptness, producing large, free watery passages, without griping or special uneasiness.

As to the palatable salutation of this remedy, as compared with sulphate of magnesium, I can hardly agree with your statements (*loc. cit.*) unless you permit the soda sulphate to have special preparation before being taken into the mouth. Epsom salts may be taken simply dissolved in water, or better still, steeped with ground coffee. But whoever takes sulphate of sodium in either of these methods will have a most nauseous solution to swallow. Besides, the latter salt is not nearly as soluble in cold water as the former; and, taken in this way, a much larger drink must needs be swallowed to secure a sufficient quantity of the salts than will be pleasant or desirable, or than would be needed with the Epsom salts.

If, however, the soda sulphate is powdered, and a half ounce or an ounce is added to a gill of *hot* water, and to this is added aromatic sulphuric acid, gtts. xx. to xxx, and an ounce or two of sugar, the whole will be taken easily and usually with much less nausea or tendency to it than is produced by a dose of magnes. sulph. taken in water or coffee. Decidedly the best time for taking it is when fasting. If taken on a full stomach it is almost sure to produce nausea and vomiting.

If a dose is taken, prepared as above directed, on first rising in the morning and swallowed while hot, it will generally operate freely and very thoroughly, yet without pain or special distress, in from one to two hours—often in a half hour. The stools will be watery and abundant.

The addition of the arom. sulph. acid removes the bitter nauseous taste to a very large extent, and the sugar, freely added, does much to cover up the unpalatable character of the dose. If taken hot, it is still less unpleasant.

Now, by this, I do not mean to teach that it is a fearful dose to swallow. I repeat the statement that when properly prepared it is more readily and easily swallowed than the Epsom salts taken in the common way. Furthermore, its operation is easier, more certain, and it does much as an eliminator that sulphate of magnesium cannot do. It causes the free elimination of bile, as testified by Fothergill, and eliminates the unassimilated products of digestion to a liberal extent.

Fothergill names a number of agents that he deems to be excellent hepatic stimulants, as ipecac, iridin, euonymin, as vegetables, and sulphate of sodium as a saline laxative or purgative according to the dose. "By the use of these agents the liver is stimulated; a fact quite corroborated by clinical observation. Sulphate of magnesia is a stimulant to the intestinal glands, and a purgative; but it will not clean the tongue and unload the liver like the sulphate of soda. It is this fact that led me to substitute 'sodæ sulpat' for 'mag. sulpat' in so many prescriptions in the second edition of my 'Practitioner's Handbook of Treatment, or the Principles of Therapeutice.'" (Indigestion and Biliousness, p. 9.) Again in the same volume, p. 71, he says, "Soda and its salts are found to act potently upon the liver. Consequently, while sulphate of magnesia is a capital purgative when the intestinal glands alone require stimulating, this salt acts little, if at all, upon the liver; when it is desirable to 'rouse the liver,' as the phrase runs, sulphate of soda, its bitter taste notwithstanding, should be prescribed. The experiments of Rutherford countenance and corroborate the conclusions at which clinical empiricism had arrived. Potash for the

kidneys, ammonia for the lungs, soda for the liver; these are the bases of the salts to be used, according to the circumstance. Sulphate of soda is best taken in the morning, first thing on getting out of bed."

In sulphate of soda we have a most excellent remedy in those cases of full habit who suffer greatly from lithæmia. In a common, severe cold, where the sudden chilling has retarded the process of waste and repair, and therefore, of assimilation, and thus left in the blood much digested yet unassimilated material, that can only be eliminated or cause illness until it is eliminated, sulphate of soda will prove itself to be a most excellent remedial agent. In renal congestion, or in the albuminuria of scarlatina, in sudden, active cerebral congestion, it is well worth using for its revulsive power.

In addition to the manner of giving it above described, the juice of a lemon may be substituted for the aromatic sulp. acid, but it does not cover the nauseous bitterness as well as the latter. As a diuretic, it may be given with bi tart. potass.

Bartholow barely mentions this salt as a substitute for epsom salts, and of the same character of action. Waring says, "It operates (Thompson) upon the whole length of the intestinal canal, stimulating the orifices of the exhalant vessels, and consequently causing serous discharges in the form of watery stools. * * * Therapeutic uses similar to those of magnesiæ sulphas, for which it may be substituted."

It may be so substituted, but as an eliminator of urea and of bile it is vastly superior to epsom salts.*

In acute articular rheumatism, occurring in plethoric subjects, or in those of full habit, and in strong muscular subjects, I have found it to be a most excellent remedy. It is a very rapid eliminator of the lithates, and quickly drains from the blood much of its water, by its rapid action on the liver and intestinal glands, and seems to carry with it much that ought to be expelled from the blood. Its revulsive power in this way is very considerable. Just how it relieves the class of cases of rheumatism above described, I cannot say, unless it be by the kind of action here indicated; but it is a remarkably good remedy to commence with in the onset of the disease in plethoric subjects, in some cases affording complete relief in a short time. In old and habitually rheumatic subjects I have not found it to be beneficial to any considerable extent. It is by no means a cure-all. It does, however, deserve more respect from the profession than it commonly receives.

*See also an article on the use of this remedy in rheumatism in the MED. AND SURG. REPORTER for Aug. 5, 1882.

SEVERE WOUNDS, THE RESULT OF GUNPOWDER EXPLOSION.

BY W. H. BLAKE, M. D.,

Of Blake's Ferry, Ala.

On the night of August 11, I was called to see Julia B——, aged four years. The following is the history of the case:

Patient was playing near the fire with a bottle of gunpowder—an ounce vial almost full—which exploded. The hands and face were slightly burned, and the eyebrows and hair on front of head were singed. Patient wore only a single garment of thin cotton cloth; this was not burned. The fragments of glass inflicted twenty-seven wounds. The bottle was held in the right hand, and in such a position that the fragments impelled directly against the body inflicted wounds in the upper right-hand corner of the umbilical region. There were several of these. One of them, a wound, irregular in shape, about eight lines in its long diameter, communicated with the abdominal cavity.

When I reached patient, there was a hernia of the great omentum one and a half inches in length, protruding from this wound. This I did not succeed in reducing.

Dr. Thomas Northern was called in consultation. On his arrival, we resortedto anæsthesia, and again made an unsuccessful effort to reduce the hernia. We then placed a silk ligature around the protruding omentum and excised it, leaving the ends of the thread on outside of wound.

Of the other wounds the most severe was in the right hand. A wound between the thumb and forefinger extended from the annular ligament to within two lines of the metacarpo-carpal articulation, severing the adductor pollicis, flexor brevis pollicis, and abductor indicis muscles, also the superficialis volæ artery. From this wound hemorrhage was profuse.

I visited patient each afternoon at about five o'clock. During the first four days there was but little fever; appetite good; but on my fifth visit I was told that patient's fever had been high during the day. On examination, I found the heart's action weak, and the rhythm irregular. During night, patient reacted, but on following day she again had fever. Quinine was given. There was no more fever.

On the eighth day the ligature was removed from wound in abdomen.

On ninth day patient was dismissed, convalescent.

Hospital Reports.

CLINICAL LECTURE.

BY J. B. HUNTER, M. D.,

Professor of Gynæcology in the New York Polyclinic.

Epithelioma of the Cervix Uteri.

The first patient that presents herself to us this morning is a colored woman, sixty-three years of age, who was married at the age of fifteen, and has had eighteen pregnancies, three of which miscarried. She ceased to menstruate when forty-nine years of age, since which time she was well until a year ago. She then began to flow, and the discharge has continued ever since. At first the discharge was free from blood, but latterly there has been at intervals some blood mixed with it. Upon vaginal examination, we find almost complete destruction of the cervix; the finger passes apparently directly into the cavity of the uterus. The case is one of advanced cervical epithelioma, occurring as it seldom does in the colored race.

The points in the case are, that the woman has had, in the first place, a great many pregnancies. In many cases of epithelioma of the uterus we find that the patient has been pregnant a large number of times. One that presented herself at this clinic a week ago had borne nineteen children. The fact that this patient was well for eight or ten years after the menopause corresponds also with the history of the other case. The disease then began to manifest itself in an insidious manner; a little flow appeared at first, and later there was a slight discharge of blood. A watery discharge with an offensive odor is one of the characteristics of the disease. Many cases run their course without any pain at all. I think that as a rule where the disease is confined to the cervix there is not likely to be much pain, but when the body of the uterus becomes involved there is almost always a great deal of pain. There are, however, exceptions to this rule. In some cases pain is the first and the chief symptom, even where the disease commences in the cervix. In other cases still, profuse hæmorrhage will be the chief symptom. But in nearly all, whatever else is or is not present, you will find a peculiar watery discharge which stiffens on the linen. If the patient be very careful of herself, and use an injection of carbolic acid, or of something else, which destroys the odor, she may not notice that; it may not be a distinguishing feature of the disease; but if the woman take no more care of herself than is usually the case after ceasing to menstruate, the offensiveness of the discharge is apt to be the first thing to call her attention to the trouble. That may precede hæmorrhage for some time. Indeed, hæmorrhage may not come until the last, but when it occurs after the menopause it is significant, and should always lead to a careful examination.

In the present case there is little to be done for the patient. In case of hæmorrhage an application of nitric acid, for example, might be demanded. An injection of carbolic acid solution, and of some anodyne to relieve pain, is about all that can be done. It is better to give codeia, if an anodyne is required, as it produces less unfavorable results than does morphine.

Sterility.

This woman was here at a previous clinic, suffering from laceration of the cervix, retroversion, and a leucorrhœal discharge. She had passed two menstrual periods, and we did not consider it perfectly safe to introduce the sound, although it is not at all probable that a patient with laceration, retroversion, and a discharge, could be pregnant. One can not be too careful about passing the sound into the uterus in the case of dispensary patients; some of them are well enough informed to know that by this means abortion is produced, and they tell the physician a story with regard to their symptoms, in order that he may be misled to pass instruments and bring on abortion. Such a case occurred at the clinic some years ago, when we introduced the sound into the cavity of the uterus on three different occasions, not knowing that the patient was pregnant; and yet, very strangely, pregnancy went on to full term. Doubtless the sound had passed outside of the membranes, and had not injured them. We will not change the treatment in this case at present.

Prolapsus.

This woman was given at a previous clinic a cup-pessary to support the completely prolapsed uterus. She says the pessary retains the organ in position perfectly, but that it chafes slightly. If one of these instruments does not fit properly, it chafes, just as does a badly-fitting shoe or harness, and causes more or less suffering. In some instances this is due to the fact that the patient fails to put cotton under the stem where it lies over the vulva. In a number of cases at this clinic, patients who before were unable to get about because of great prolapsus, have found themselves nearly as well able to walk and to do their daily work as when in perfect health, simply by the support given the prolapsed organ. They soon learn to remove the instrument at night on retiring, and to replace it again the next morning before rising, without any difficulty. We will readjust the pessary, and possibly be under the necessity of furnishing a new one for this patient.

Retroversion; Prolapsus.

Patient thirty years old; has borne three children, the eldest aged eleven. It is with difficulty, as is often the case with these patients, that we get at the principal symptom, the most important symptom from which they suffer. She has pain in the left side, and profuse flow. Bimanual examination is unsatisfactory, because of the great thickness of the abdominal walls. The first thing which strikes the attention on introducing the finger into the vagina, is almost complete absence of the perineal support; the sphincter is there, and nothing else. The cervix rests almost at the vulva, and that fact in itself almost necessarily signifies retroversion. This supposition is confirmed on further examination. There is hyperplasia of the cervix, and erosion. The sound

passes in only to a normal depth. The patient complains somewhat of difficulty in micturition.

If the uterus is found not bound down, but movable, a gentle attempt may be made at this examination to replace it, by turning the sound introduced up to the fundus, gently and slowly with the right hand while it rests upon the finger of the left hand as a fulcrum, and lift the uterus carefully up, if possible, but if it is not easily movable cease your efforts. We find the organ bound down by some bands passing posteriorly, so that when it is lifted forward and then let go it springs back again. By making hot injections, say twice a week, we may in time relieve congestion to some extent, soften the adhesive bands, and be enabled to replace the uterus. But at present, efforts at replacement would probably prove worse than useless. The congestion is kept up by faulty circulation due to displacement, and this condition and that of hypertrophy of the cervix never will be relieved entirely as long as the uterus is out of place. Some European gynæcologists think that hypertrophy and congestion being first treated, the uterus will replace itself; but the true method, I think, is to seek to replace the uterus, first resorting to preparatory measures, and then the congestion will probaby disappear. In cases like the present one, put the uterus in position, and keep it there, and you will find that in three weeks the congestion will have been greatly diminished, the cervix will have decreased in size, and later, the hyperplastic condition will still further disappear. On the other hand, all sorts of applications, as of nitrate of silver, etc., alone will not do much good. As to a tampon of cotton placed behind the uterus, it is not likely to keep it in position and do much good, although much depends upon how often you can see the patient. If you could see her once or twice a week, and introduce the tampon, and let her take it out the second or third day, it might be of some benefit, but it would prove of more benefit for prolapsus of the ovary. But this patient would not tolerate even a cotton tampon at present. The use of a cotton tampon was one thing that led originally to the use of the pessary; at first the soft pessary, and afterward the hard pessary.

Laceration of the Cervix, and of the Perineum, etc.

This woman has given birth to six children; has had no abortion; she complains of pain in the back, and of flowing too often and too freely; has a feeling of bearing down in the pelvis, indigestion, and is extremely nervous. She is so thin that the abdominal aorta can be felt through the abdominal walls, being in that respect quite unlike the last case. There is laceration of the cervix, and of the perineum, and retroversion, which probably occurred soon after getting up from confinement. There is a condition of the mucous membrane of the uterus which leads it to bleed at the slightest touch; considerable hæmorrhage follows the passage of the sound. It is doubtful whether the pessary will be of much benefit in retaining the uterus in its normal position, since the perineal support is so completely destroyed; but we have succeeded in replacing the organ at least temporarily in its normal position. We should not attempt to do too much for the patient at one sitting. On a future occasion it will be necessary to get rid of the granulations on the lining membrane by scraping with the curette. A permanent cure can be accomplished only by an operation for repairing the lacerated tissues.

She also complains of dyspepsia, and, as we had supposed, she says that she is in the habit of drinking a good deal of tea. It is by this means that many of these patients aggravate and prolong a dyspeptic condition. They feel weak, but have not an appetite, and in order to sustain themselves they drink strong tea, both at meal-time, and between. Now, if she will quit drinking tea, and eat meat once or twice a day, and good nourishing food, and take an aperient medicine to get the bowels in good condition, her state will be very much improved in the course of a few weeks. Her principal complaint relates to the stomach, but that is only a consequence of her anæmic state, from the too great loss of blood at her frequently recurring periods, and from her manner of living. With regard to the use of the stem pessary, in some cases, properly selected, doubtless it does good; Dr. Thomas, and others, make use of it in a few instances; but it is the most dangerous of all pessaries, and should be very carefully watched. We hope to give this patient much relief, but it will take time.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dietetics for the Sick.

BY CHARLES M. SELTZER, M. D.

[Read September 12, 1883.]

In presenting this paper it is but justice to state that it has been prepared during the leisure of the past week as a substitute for one by another member, who was unable to keep his engagement. The subject has been selected more from the hope of eliciting some practical ideas, and a desire to emphasize its importance, than to announce anything new, or to exhibit the best paces of a hobby. Close attention to the methods of our most successful general practitioners, convinced me that in dietetics was their stronghold. At the same time there was plainly to be seen a distressing lack of knowledge as to variety of foods and the preparation of them. In order to find out whether there was a practical remedy for these two great faults, I have gone over a thorough course of preparation of diet for the sick, under the instructions and guidance of Mrs. S. T. Rorer, in whom are combined the practical attributes of cook, chemist, physiologist, and nurse; and I can safely say that if every member of this Society were to do likewise, their *armamentarium*, success, and self-satisfaction in the practice of medicine would be increased many fold.

It would be almost an endless task to discuss the literature of this subject. Let us condense the opinions of physiologists, chemists, hygienists, and all others in authority, by stating that food is divided into nitrogenous or albuminous; hydrocarbons or starch, sugar and fats; and mineral or the various salts of the alkalies. Of these, the nitrogenous and minerals are the building ma-

terials, and the hydro-carbons are the heat- and force-producers. Food may also be classified into liquid, semi-solid, and solid; and as the sum total of digestion is a matter of absorption and assimilation, it follows that the more liquid or dissolvable food is, the more readily will it be absorbed; hence, this is the form to be chosen when it is desirable to obtain nourishment at the least possible expense of organic action. There are also conditions in which bulk and solidity are necessary, and here we select the semi-solid or solid food, or even indigestible matter.

Nitrogenous food, in its natural combination with mineral matters, is mostly made absorbable by stomachic digestion—it rebuilds the tissues, and the waste and refuse are excreted by the kidneys and skin as urea and uric acid and its salts.

Hydro-carbons are digested in the mouth and small intestines, are burnt up by union with the respired oxygen, thus supplying heat and force to the body. The waste and refuse are excreted by the lungs and bowels.

About three ounces of nitrogenous and twenty ounces of carbonaceous food are necessary to sustain the life of an adult man in idleness. With these epitomized facts in mind, let us consider the importance and use of dietetics in the treatment of disease. The importance has been signalized by Bence Jones, who has said that the effect of diet is far beyond any known remedy. This fact has been so well known for the past century, that volume after volume has been written on "Dietetics," "Diet Cures," etc. A few of these have become standard works of authority, because of their exhaustive treatment of the subject, while hundreds of others have had but an ephemeral existence. All have had to reiterate the same facts, because very few new ones have been learned, and aside from the knowledge of artificially digested food, the student of a hundred years ago knew as well as the student of to-day about what diet was necessary for the sick. True, theirs was an empirical teaching; they knew nothing of the physiological actions of diastes, pepsin and pancreatin, but they were all the more practical for that. Our present scientific reasonings on digestion are but the formation of rules and theories for very old facts. The importance of the subject is made more manifest when we consider how much of the sickness that we are called upon to treat is the result of some error in eating or drinking; and as "removal of the cause" is the first step towards the promotion of recovery, it is easy to perceive how essential it is to know what constitutes proper and improper diet. Life depends upon diet, and the restoration of health depends upon the same principles as its preservation. Disease is the result of the violation of the laws of health, hence the first step towards recovery is to re-establish those laws; and as the material for repair and support must come from diet, we, as thorough physicians, should have a complete *practical* knowledge of dietetics, and a proper appreciation of their curative value. But almost a decade of experience among physicians compels me to acknowledge that this is not the case, and that the most lamentable deficiency is in the practical application of the subject. Nature's simple and easily understood remedies are either lost sight of or ignored in the blind endeavor to find a medical specific for every human ill, or to establish an ideal notion, theory or pathy. For the treatment of chronic affections, some good points may occasionally be gained by even observing the *modus operandi* of quacks, homeoquacks, and proprietary medicines; for in connection with either a depurative or inoperative preparation, such dietetic and hygienic directions are almost invariably *insisted* upon as would, in themselves, relieve temporarily, and perhaps permanently, some of the most obstinate cases.

The methods of dietetic treatment of diseases are as various as are the ills that flesh is heir to, but all of them contain some of the following principles as essential features: In acute diseases, *rest* is of primary importance; it is the fundamental principle of their medical and surgical treatment, and the same idea must be carried out in dietetics by remembering what part each organ serves in absorption, assimilation and excretion, and by avoiding such food as would cause the performance of that function. Of course this plan is only to be pursued while the disease is advancing, and as soon as recovery begins, there must be a gradual return to a promiscuous diet, very little at first, just enough to slightly exercise the crippled organ, using as great care as we would in instituting passive motion in a limb that has been fractured. Nature enforces this principle by the loss of appetite that marks the onset of nearly all acute diseases. The dietetic rest of an organ does not necessarily imply a depletory diet, for while it is non-active, other organs may be made to perform a compensatory amount of work, and thus sustain or even increase the patient's vitality—so great is the versatility of our organic functions. It is upon this idea that we must act when we obey the command of Graves to feed fevers. In chronic diseases—those in which the natural course is direct from bad to worse, until death or some interposing process puts an end to them—every organ must be made to do its utmost; the whole system must be awakened to the threatening destruction. Herein lies the broadest field of action for our subject. No time should be lost; food should be administered as frequently as assimilation and proper amount of organic rest will allow; the appetite should be kept active, by using liquid, semi-solid and solid food, prepared in such a variety of ways as to allow no charge of monotony or disgust. Surprise is frequently a useful element. Instead of leaving the patient to vacillate over his or her likes and dislikes, the nurse should be privately instructed how and what to prepare for each time, and how to serve it in the most appetizing manner. A valuable aid, usually lost sight of, is condiment. Think but for a moment how a savory dish will sharpen our appetites while in health, and I am sure you will perceive its stimulating influence upon a debilitated patient, to whom the flat and insipid preparations usually offered are loathsome or even nauseating. This disgust might frequently be avoided, and the amount of prescribed medicine be lessened. Many of the bitter tonics and carminatives of our materia medica are the same as are used in cookery, and are none the less efficacious in a palatable dish than in the nauseous pill or draught. Therefore let the delicate aroma of herbs, celery, and bay

leaves pervade the soups; use India curry on starchy foods, and when desirable add *Capsicum*, *Piper nigrum*, etc., to animal broths and substances. In so doing, if necessary, you can satisfy the qualms of your professional dignity by remembering that in catering to the palate you reflexly stimulate the organs of digestion.

Some articles of diet may be administered simply for their curative effect. A five-ounce cup of strong coffee contains about sixty-six grains of extract, or an equivalent of about two grains of *Caffeine*—quite sufficient to relieve a neuralgia, or a headache and sick stomach after a dose of opium. Beef tea, made red-hot with red pepper, is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and *cooling* drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy *alone*, and had not lost one. The use of *chloral* in these cases is criminal, and many a death certificate of "delirium tremens" ought to be "heart failure from chloral poisoning." Mucilaginous teas and drinks made from gelatine, isinglass, Irish moss and flaxseed, are very soothing to any inflammation within the digestive track. Green vegetables are necessary to cure as well as prevent scurvy.

An old practitioner, who had spent his early professional life in the country, told me that when he first commenced practicing he used all the ordinary remedies in typhoid fever without any satisfactory results, until the introduction of turpentine by the late Prof. Geo. B. Wood. In it he soon discovered a useful ally—not so much in the drug *per se*, but because convenience and time compelled him to use a thick flour gruel as a vehicle, and the patients were nourished sufficiently to live through the attack.

In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians. They know the preparations by name, but not by nature; and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston, with a very satisfactory result. The prospect for this season in this city is that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.

DISCUSSION ON DIETETICS FOR THE SICK.

Dr. L. Turnbull, in opening the discussion, said: In reference to these questions, my opinions are rather of the old-fashioned kind, and I believe in courses of instruction on cooking, which will be of much use to physicians. Dr. Benj. Rush was accustomed in his lectures to remark that "a physician should spend six months in a kitchen before entering upon his practical career." He desired to heighten the importance of a knowledge of the effects of food, and also the correct way of preparing it. All these advantages could be combined with a course of pharmacy. Physicians should learn how to make beef-tea, extract, etc., and similar articles. The important preparations of mush, of Indian and oatmeal, for instance, are rarely properly made. They should be prepared over night, so as to be thoroughly gelatinized; if made in the morning just before being served, they will not be digestible. In cases of very weak stomachs, many articles of diet may be peptonized with great benefit by using a small amount of a mixture of sodium carbonate and pancreatin, these being allowed to act for a short time at a temperature of about 80° F. Fairchild, of New York, prepares powders containing these peptonized materials in convenient amount. Such peptonized foods are like the old-fashioned preparations made with rennet and warm milk, and will be well borne by delicate stomachs. An article that is often wrongly prepared is barley. It may be softened and extracted with water, or it may be torrified so as to make a sort of malt extract. In the latter form it is very suitable as a substitute for the diastase-like principle of the saliva in cases where that secretion is deficient. It can easily be given mixed with other food, as in puddings, for instance.

This summer we have been very successful in relieving the irritability of the stomach and bowels of both children and adults, due to temporary indigestion, by substituting first barley-water alone, and after a time a wine-glassful of barley-water with half a tumbler of milk, or its equivalent of condensed milk.

Too little attention is given to character of water. It is sometimes very bad, containing either injurious mineral or vegetable matter. The Boston water supply was much injured lately by certain sponge-forms.

Butter is an article of food which is often impure, and besides, objectionable substitutes for it are often sold. The mixtures of animal fats known under the names of oleomargarine and butterine should not be used in the preparation of food.

Beef-tea contains often but little nourishment, and in debilitated conditions, such as most cases of typhoid fever, beef essence made, not from the round of beef, but from the neck, in which blood is found, will be much more nourishing. A valuable form of beef-juice can be prepared by cutting up in pieces fresh beef, and placing it under a block of ice until, by the pressure, all the blood has been extracted. With the addition of a little salt it has been found to be retained by the most delicate stomach, and is very useful in cases of great exhaustion.

Dr. Albert H. Smith: The older we get, the less disposed we are to rely on medicine and the more on diet. The remarks in the paper in reference to the importance of teaching physicians the art of cooking, are deserving of full endorsement. On one point, however, I cannot agree with the author of the paper. He seemed to advocate the use of highly stimulating food in acute diseases; in other words, the methods advocated by Dr. Thos. King Chambers in his fascinating work—a work, however, which has done great injury. Dr. Chambers' idea was that all disease was due to depression, and therefore the remedy was to stimulate the system. This is an attractive theory, but is not true. In cases of disease attended with high temperature, we only add fuel to the flame by the use of stimulating food.

Nature has admirable powers of taking care of herself, even under a starvation regimen. The use of a low form of diet, with refrigerants and depressants, may often be of the greatest benefit. I can look back on my early experience, and recall cases in which, after operative measures, patients have been treated on the theory that plenty of pabulum should be furnished in the system, but such patients have perished. A strong patient will in such cases do much better on a low diet. Adhesive inflammation will be secured more satisfactorily on the low diet system.

Dr. J. M. Barton: I had under my charge during three years a patient who sustained life on about a pint of milk a day—never more than a quart a day. He was a physician, who had his own views on questions of diet and therapeutics. Dr. A. H. Smith is right in his position as to the importance of low diet after operations, but in typhoid fever we have a very different indication. In the first case, *i. e.*, after operations, food frequently acts as an irritant; but in the low fevers the patient is exhausted and needs support.

Dr. Forbes: I am reminded of a compliment which I heard the younger Larrey pay to Orfila, the great French chemist. He said that he (Orfila) was the greatest cook that ever lived. He said Orfila understood the disintegrating power of hot water. The effect of thorough boiling is most important, and since the days of Washington it has been an article of war that beans should be boiled for six hours. In the Crimea marked difference was seen between the French and English troops, on account of the superior attainments of the French officers and surgeons in reference to many of the details of a soldier's life, and especially in cooking.

Dr. Seltzer, in closing the discussion, said: I did not wish to include in the paper a discussion of the methods of preparing food, but merely to express the idea that it is important that doctors should know what to cook and how to cook. Many articles of food that as ordinarily prepared are unfit for the sick, can be cooked so as to be palatable and digestible. Mrs. Rorer's method of cooking liver is an instance of this. She exhausts it with water to remove blood, then places it on ice until required, when it is cut into thin slices and toasted; sweetbreads are somewhat similarly prepared.

As to the use of stimulating food, we must judge Dr. Chambers' views by his own method. He draws the line between acute and chronic diseases, not making time the basis of the classification, but the tendency of the disease. Acute diseases tend to recovery, and these he leaves undisturbed; chronic diseases tend to fatal results, and in these he uses a highly nutritious diet, stimulating when a depressed state exists.

In reference to the suggestions made by different speakers as to the importance of systematic instruction of physicians in the art of cookery, I may say that such courses are now being organized. I do not think that such instruction can be advantageously given with pharmaceutical teaching. A woman's taste and tact are esssential to the art.

(*To be Continued.*)

EDITORIAL DEPARTMENT.

PERISCOPE.

On Doses.

In the *Med. Times and Gaz.*, June 30, 1883, Dr. John C. Thorowgood publishes an article based on Dr. Smith's lecture on "The Frequent Repetition of Doses," of which we published some extracts last winter. As being appropriate and practical, we reproduce it:

A short time back there appeared in the *Medical Times and Gazette* a report of some very instructive remarks on doses of medicine, by Dr. A. A. Smith, of Bellevue Hospital. The experience gathered by an observant physician among actual patients of the effect of large and small doses of various medicines cannot fail to be of great practical interest.

From such experience as has fallen to my own lot, I have come to the conviction that the doses of many medicines as set forth in books are often needlessly large, when we seek, not an eliminant or evacuant effect, but a gradual alterative or specific action from the remedy. There is probably no medicine regarding the definite action of which physicians agree better than iron; but is it necessary for the cure of facial neuralgia to give an insoluble powder like the hydrated oxide of iron in a dose ranging from thirty grains up to three or four drachms? The subnitrate of bismuth, another insoluble powder, has been given for the relief of gastric pain in such large doses that, after death, large, hard, black masses of concrete subnitrate and sulphide of bismuth have been found blocking the intestinal canal. The gentleman who made the *post mortem* said the masses he removed looked like lumps of metal. *Corpora non agunt nisi soluta*, say some. If this be accepted as a principle, what can be expected but painful intestinal obstruction as a result of perseverance in the administration of large doses of insoluble substances?

Calomel and other preparations of mercury have, given in repeated small doses, in my experience proved valuable in the treatment of peritonitis, pleurisy, and pericarditis, but I have never once salivated a patient. Some years ago I saw a lady lying with knees drawn up in bed, rapid small pulse, black tongue, and incessant vomiting. She had been confined about five days previously, and was taking repeated doses of opium. I advised in this case the withdrawal of the opium and the

administration of one-third of a grain of calomel every two hours. Under this treatment the vomiting ceased and convalescence set in, though when the treatment was commenced her condition was so critical that an experienced man who was in attendance said to me: "Give what you please—I do not think anything can save her."

The British Pharmacopœia gives the dose of tincture of aconite as from five to fifteen minims, but I am sure I have seen better results from a dose of one or two minims every two hours in commencing inflammation, than I have seen from the larger doses. I have had house-physicians who have started at once by giving five-minim doses of tincture of aconite, and they have told me they had tried aconite in the case, but it did not suit, as faintness came on after a few doses. My advice has been, "Try next time with two minims instead of five."

I know of no drug so generally useful in the treatment of asthma as arsenic, and could give, from fifteen years' experience, a great many cases of spasmodic asthma that have seemed to me to get quite well under the influence of small doses of arsenic. I have never exceeded the dose of three minims of either Fowler's solution or of liquor sodæ arseniatis three times in the day, and have never seen any symptoms of arsenical poisoning, except in one case where a very susceptible gentleman finds that one minim of the liquor sodæ arseniatis taken twice daily for a week brings on inflammation of the eyes and pain in the stomach. Twice within the present year I have had brought to my notice examples of the sudden development of very unpleasant symptoms in the instances of persons who were taking five-minim doses of liquor arsenicalis three times daily.

I could give examples of the excellent results that may be obtained from a persevering use of very small doses (one-fiftieth of a grain) of strychnia in promoting the restoration of exhausted nerve-function, while larger doses do but add to irritation and eventually increase the exhaustion. Tincture of nux vomica, taken in doses of one to two minims, fasting, every morning, appears to me very useful in the cure of chronic constipation of the bowels, but I am pretty sure that five- or ten-minim doses three times daily act very much like quinine in checking the action of the liver and causing disturbance of system. Of some other drugs—for example, tartrated antimony, digitalis, and cantharides—I could say something, but would wish to get some more experience about them first.

Diet in Diabetes.

The *Med. Press and Circular*, September 5, 1883, says:

Professor Ebstein, of Göttingen, in the *Aerzlich. Vereinsblatt*, May, 1883, discusses at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates the law: the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restriction on the mode of preparation; but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatized. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from food for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterwards. The sugar then disappears. In cases in which total abstinence from food is not well borne, Cantani gives three portions of meat broth *pro die*, each prepared from 400 grms. of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food consumed. The patient should, however, suffer from feelings of hunger as little as possible. Both these objects can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients; for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear, with simultaneous increase of capacity for labor and bodily strength." Along with fresh meat and fats of good quality, in the proportion of two to one, he gives cabbage, leguminous vegetables, coffee, or tea (without milk or sugar), and at the most an average of 100 grms. of bread daily. Potatoes, sweets, and all kinds of starchy foods, are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear the hydro-carbons. He further recommends lard, fat, meat-broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from passive muscular movements, such as massage, in which exertion on the part of the patient is avoided.

Prognosis in Cases of Refusal of Food.

The following propositions were laid down by Dr. Sutherland in a paper read before the Medico-Psychological Association (*Brit. Med. Jour.*, June 2, 1883):

1. The prognosis is good when there is only a disinclination for, and not a distinct refusal of, food; prognosis is bad when there is a persistent refusal of food.

2. Prognosis is good when disinclination and refusal of food depend upon some removable bodily cause; prognosis is bad when the bodily cause is irremovable, and most unfavorable cases of general paralysis of the insane, complicated with some severe bodily disorder.

3. Prognosis is good when the refusal of food occurs during a first attack of mental alienation; prognosis is bad if the refusal occur during a second or subsequent attack.

4. Prognosis is good, if, after once being fed artificially, the patient take his food naturally; prognosis is bad if the patient require to be fed more than once, the recovery to mental health being less likely to occur in cases which have been fed a great number of times.

5. Prognosis is good if the health and weight of the patient remain about the same; prognosis is bad if the patient lose flesh, although fed daily, the tendency to death being very marked in such cases; it is also bad if the patient gain much flesh under the feeding, at least as regards the recovery to mental health, such patients drifting usually into a contented state of dementia.

6. Prognosis is good if the patient wish to recover; prognosis is bad if the patient have persistent suicidal tendencies.

7. Prognosis is good if the treatment both by drugs and by feeding be resorted to early; prognosis is bad if the treatment by drugs and proper feeding be delayed.

The paper concluded in the following words: From what has been advanced, it will be readily seen that the therapeutic value of food administered against the patient's inclination, depends far more upon the condition of the patient himself than upon the mode of administration or the kind of food administered.

Rupture of Liver—Death Three Days After.

The following case is reported in the Buffalo *Med. and Surg. Jour.*, September, 1883:

Male, æt. 35; body well nourished; in left side of frontal bone a wound one cm. in diameter penetrating to brain; anchylosis of left elbow-joint at right angles, from old injury; over back of joint a scar.

Brain not examined.

Chest.—On opening, found diaphragm on right side reaching to space between third and fourth ribs: liver close to it and invisible under ribs; transverse colon also far up under costal cartilages and xyphoid appendix; stomach pushed up; left lung in a state of engorgement, with here and there fibrin exudate in lobules; in both pleural cavities a small quantity of bloody serum; upper lobe of right lung normal, but middle and lower completely atalectatic by pressure from below; heart normal; chronic atheromatous disease of arteries generally, aorta throughout, and bifurcations; simple fracture of eighth and ninth ribs on right side.

Abdomen.—In peritoneal cavity, one and one-half litres of blood; spleen normal; liver exceedingly fatty; and, besides displacement upwards, a large radiating rupture near suspensory ligament, on convexity, deep into liver substance and entirely through the capsule; on under surface, near gall-bladder, an old cicatrix, possibly from an old tumor cavernosus or echinococcus cyst; stomach and intestines normal; bladder normal; in left kidney several small cysts, otherwise both normal.

Remarks.—This man was thrown violently from a vehicle by a runaway team, and lived three days after the perforation of his skull and rupture of the liver, with internal hemorrhage. The fatty degeneration, so marked, was naturally subsequent to and a result of the rupture. Still this is not so astonishing when we consider that the liver has been known to degenerate to an equally marked degree in phosphorus poisoning in twenty-four hours.

Extirpation of the Larynx.

We take the following from the *Med. Times and Gaz.*, July 14, 1883:

We learn from the May number of the *Indian Medical Gazette* that the Hindoo, whose larynx Surgeon-Major Dr. Macleod extirpated in December on account of a growth which filled up the rima glottidis, is progressing very favorably. The power of swallowing has been restored by winding a narrow rubber bandage round the neck, which supplements the deficient wall, aids by its elasticity the transmission of the food, and prevents the escape of this by pressing firmly on the edges of the aperture. Another apparatus constructed of vulcanite plugs the aperture, the food being passed through a hollow scooped out of the inner aspect of the plug. Feeding is accomplished partly by these apparatus, and partly by a soft catheter passed into the œsophagus and connected with a tin funnel and India-rubber valve. The restoration of the voice was a less easy matter, but after various methods had been tried, a pipe containing a reed was inserted into the roof of the tracheotomy-tube, and with this the voice and vocal articulation was restored; Mr. Woods adapted this to a vulcanite shield, which prevented the escape of air. The tracheotomy-tube served when unclosed for breathing and discharge of phlegm; and when its outer surface was stopped, the air passed through the vertical tube into the oral cavity, and voice was easily produced. The advantages of this arrangement are:

1. That sound is produced without much effort.
2. Its great simplicity and the ease with which it can be placed in position.
3. That breathing can be accomplished with great ease.
4. That the reed is not apt to become clogged with mucus.
5. Different sizes of reed, producing different pitches of voice, can easily be placed in the tube.

Removal of a Piece of Steel Embedded in the Loin for Twenty Years.

The following case is reported in the *Lancet*, August 18, 1883:

John H——, seaman on the s. s. "Lord Gough," American liner, came to consult me on June 27, during our voyage from Liverpool to Philadelphia. He complained of great pain and hard swelling in the left lumbar region, which prevented him from attending to his duties. I examined the spot, and found it very much inflamed and hard, and something black protruding from the centre. I then questioned the man as to whether he had received a hurt of any kind, and he stated that about twenty years ago he was a sailor on an English ship named the "Henrietta," and was lying in Shanghai, and alongside of them were a number of Chinese junks. He went on board one of them, and when returning to his ship was set

upon by some foreign police, and stabbed by one of the same in the back with a cane-sword. He was under the doctor's care for about three weeks suffering from what he thought to be a fractured rib, but after that time he was considered cured, and did not feel any pain or inconvenience until May last. Having received this history, I proceeded to make a closer examination, and found a piece of sharp-pointed steel about three and three-fourths inches long and three-sixteenths inch wide, corroded about one and one-half inches from the point, and presenting at the other end an old fracture. This had become encysted in the muscles of the back. I at once extracted it, and then applied linseed poultices to draw away the pus which had formed, and after a few days' treatment the man was perfectly well, and able to go back to his duty.

Rupture of the Vagina During Labor.

Dr. D. Berry Hart thus concludes a paper on this subject in the July issue of the *Edinburgh Medical Journal*:

1. During labor the uterine muscle exercises an upward tension on the cervix and pelvic floor segments.

2. The fœtal head exercises a dilating power on the cervix and pelvic floor segments, this dilating force acting at right angles to the long axis af the cervix and vagina.

3. The vaginal walls are constructed so as to bear longitudinal tension and eccentric strain. This is provided by the rugæ and the felted structure of the vagina.

4. The anterior vaginal wall, from its close incorporation with the urethra and loose union with the bladder, is the strong wall.

5. The posterior vaginal wall is structurally weak at its upper half inch, is more elongated during labor than the anterior one, and therefore—

Rupture of the vagina is most common where the posterior vaginal wall is covered by peritoneum, and when it occurs is a tension tear like cervical rupture.

The precise conditions under which such a vaginal tear happens will vary with each case. The preponderance of the frequency of cervical over vaginal rupture is marked, and is due in part to the head entering the cervix first. Finally, it is evident that a knowledge of the force necessary to tear this part of the vaginal wall would give us a force under that necessary to complete a full-time labor.

The Furrows and Folds of the Skin.

From *Virchow's Archiv.*, April, 1883, we note the following:

The cause of the minute cross-markings on the skin, which are found more or less universally, has always been a matter of interesting speculation. Lewinski has made these the subject of careful investigation and has proved that they are all due to foldings, as a result of repeated muscular action. The connection between folds and movements is a double one. By an approximation of the sections of the body as a result of movement, the skin is compressed and arranged in folds, which lie in one direction. On the other hand, movement may cause tension, which furrows the skin in the line of traction. The more extensive and complicated the movements are in any given part, the more elaborate will be the patterns in which these lines and markings are arranged. The arrangement can, however, always be traced back to the two factors of compression or tension. These folds implicate the superficial portions of the skin only, the epidermis and the papillary layer of the corium; the reticular layer of the latter takes no part in their production. Did these cross-markings not exist, the epidermis would be in constant danger of being separated from the corium during the movements of the body; for in these movements the corium is subjected to constant variations in tension, at one time being stretched, while at another it recovers itself.

External Urethrotomy.

Dr. John Brownrigg, of Columbus, Miss., reported this case to the last meeting of the State Medical Society, and we take it from the published transactions:

Jim Hines, black, aged about 30 years, applied to me on the 23d of October, 1882, with stricture of the urethra near the scrotum. The smallest bougie could not be introduced at the time. An abscess discharging pus, through which urine trickled, was situated on the top of the penis, near its junction with the pubis above the stricture. There was great induration and swelling of the penis around the abscess. On attempting to urinate, only a few drops escaped from the meatus, as well as from the fistulous opening. There was constant dribbling of urine from both places, with the characteristic odor about his person; much reduced in flesh, and painful expression. After several efforts, succeeded in passing the smallest bougie, strengthened by a small wire, through or nearly through the stricture, which was an inch in length. Slipped over this down to the stricture a larger bougie with the end cut off. Guided by the end of this large bougie, I cut down on the urethra and split it for an inch and a half, when I found an open canal on both ends of the stricture, above and below it. I then closed the wound with adhesive plaster and sutures. These soon gave way, and the urine flowed freely from the cut. This however closed in ten days by granulation, and on introducing a No. 12 bougie, American scale, I found a good urethra re-established.

The Indications for Hysterectomy.

Dr. M. Polk thus concludes a paper on this subject in the *New York Medical Journal*, August 25, 1883:

"I may sum up by saying that in cancer of the cervix, the common form of uterine carcinoma, Freund's operation is contra-indicated; for the disease, if local, can be eradicated by the amputation, if necessary, of the entire cervix; whereas, if glandular infection has occurred, a cure is impossible, palliative measures being then all that are justifiable. From this category I would exclude Freund's procedure, for it is, in my opinion, less useful and far more dangerous than a combination of the many now in vogue. In primary cancer of the body of the uterus it is justifiable, provided the diagnosis be made before glandular

infection has occurred; but this is a difficult, and, in some instances, an impossible question to determine, and that, too, in a rare disease.

"In sarcoma of the uterus it is fully justified, and the conditions calling for it can be determined with reasonable certainty, yet the disease is far from common. Consequently, the field open to the operation is very narrow."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——As a reprint from the *Medical Record*, July 21, 1883, we have received an article by Dr. C. L. Dana, entitled "On the Pathology and Treatment of Certain Forms of Nerve Weakness." The author wisely concludes that "it is not an easy thing to touch the stops and strings of an enfeebled nervous system so as finally to evoke harmonies. He who succeeds is more than a specialist; he is a true physician."

——We have received a very interesting "Report on Diseases of Women, from the First Congressional District." This paper was read before the Medical Association of Georgia by Dr. R. J. Dunn, of Savannah, Ga., and is a valuable contribution to the literature of this all-important subject.

——Dr. Joseph Parish, of Burlington, New Jersey, is the able editor of the "American Psychological Journal," issued by the National Association for the Protection of the Insane and Prevention of Insanity. It is a most excellent monthly, two dollars a year, and is published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

——"Notes on the Use of Hydrobromic Acid in Nervous Affections" is the title of a reprint from the *Journal of Nervous and Mental Diseases* for July, 1883, of an article by Dr. C. L. Dana, which concludes as follows:

"In all the milder affections for which the bromides are used, the acid can be substituted. It is, in moderate doses, agreeable, non-irritating, and will cause no eruption or other symptom of bromism. It has appeared to me to be especially efficient in producing vascular and nervous sedation in the post- and præ-hemiplegic conditions. Unless given in very large doses, it takes several days to get its best sedative effect."

——We have received a most elaborate and exceedingly valuable pamphlet from Messrs. William Wood & Co., New York, consisting of a paper by Dr. Ambrose L. Ranney on "The Topographical relations of the Female Pelvic Organs." It is a most carefully prepared and exhaustive study of the subject, and is well illustrated with twenty-two wood-cuts.

——In a little pamphlet received from James R. Osgood & Co., Boston, Dr. Joseph H. Warren describes three interesting cases occurring in private practice, as follows: 1. A somewhat rare disease of the spermatic cord, testes, and scrotum. 2. Encysted cancer of the spermatic cord. 3. Case showing family hereditary tendency to hydrocele and diseases of the scrotum—remarks.

——As a reprint from the *Medical Record*, August 18, 1883, we have received a very good article entitled, "The Corpora Quadrigemini, with remarks concerning the diagnosis and localization of lesions affecting sight," by Dr. Ambrose L. Ranney.

——We have received as a reprint from the *Cincinnati Lancet and Clinic*, July 21, 1883, a paper entitled "Parasites and their Effects upon the Human System," by Dr. George Sutton, of Aurora, Ind. We have already made some extracts from it.

BOOK NOTICES.

Elements of Histology. By E. Klein, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Pp. 352. Philadelphia: Henry C. Lea's Son & Co., 1883.

Within the limits of three hundred and fifty-two pages Dr. Klein has produced a most excellent manual for medical students; it is illustrated by one hundred and eighty-one engravings, all of which are very fair, some very excellent.

The text is full without being burdensome, and the book, taken all in all, presents the elements of histology in an attractive form.

The Roller Bandage. By Wm. Barton Hopkins, M. D., Surgeon to Penn, Episcopal, and University Hospitals (out departments), etc., etc. Pp. 95. Philadelphia: J. B. Lippincott & Co., 1883.

Dr. Hopkins' connection with numerous surgical institutions has enabled him to gain an unusual experience in surgical dressings, manipulations, etc. He has endeavored to make this of use to others in his little book, trusting to illustrations rather than elaborate description to make the methods of applying the roller clear to the student.

The book is of value to the early beginner in surgical dressings, and may be read with advantage by older men, for good bandaging is an exceedingly important adjunct of good surgery.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Quarterly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**6.00**
Physician's Daily Pocket Record,	**1.50**
Reporter and Pocket Record,	**6.25**
Reporter, Comp. and Pocket Record,	**7.00**

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,
115 South Seventh Street,
PHILADELPHIA, PA.

THE

QUARTERLY COMPENDIUM

OF

MEDICAL SCIENCE.

With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

The price of subscription remains the same, $2.50 per year. But as a special inducement to subscribers to the REPORTER to take the COMPENDIUM also, we offer the two journals at the very low price of

SIX DOLLARS,

when paid for *strictly in advance* and directly to this office.

SCIENCE VS. RELIGION.

Is it true, as some would hold, that deep scientific study has a tendency to weaken one's faith in religion and in the existence of a *God*—of a supreme power, possessing unnatural or supernatural attributes? or is this an erroneous notion, born of a superficial perception of scientific truths only, and not shared in by truly scientific men.

It is a question of importance; for the mass of humanity blindly follow a few supposed leaders; and to those who desire to be scientific, the denial of religion and of God become necessities, if they consider that it is scientifically fashionable to so deny, and that by so doing they are following in the footsteps of those whom they have set up to themselves as models.

In the first place, let us see whether science really warrants the disbelief in a supreme power.

Have scientific pursuits, wonderful as have been their advancement of late years, really altered our position towards the phenomena of nature? Although we know more to-day than did our ancestors of the workings of nature's laws, are we really any more capable of originating similar laws than were the early Christians, who blindly believed in their divine origin? Can it be possible that intelligent men and women would for one minute attribute the origin of these marvellous laws to *chance*? and if we deny this origin, and if thousands of years have been unable to produce a *human* being possessed of this requisite power, must we not, simply for the want of some better explanation, to say no more, attribute their existence to some agency possessing even greater power than the greatest human being who has ever yet lived, or who is likely to live—to a God?

If certain things are done, and we cannot do them, we must perforce admit that some person exists who has greater power than we have; and by this process of reasoning, common sense leads us up to God.

Now if science does not teach against God—and it does not—do *truly* scientific men disbelieve in his existence? No, a thousand times no; all the leaders of scientific thought concur in the state-

ment that there is nothing in the teachings of science opposed to the belief in a supreme power. The greatest infidel of the day, he who has done so much to popularize infidelity, is he a *scientific* man? By no means. The very power that he derides has endowed him with the strong weapon of ridicule, the really powerful weapon in the hands of a man who lacks strong substantial arguments for his case. Vanderbilt and Gould are *smart* men; they are smart enough to make money; but would we, for one minute, take our religion from either of them? So this apostle of infidelity is a smart man, smart enough to ridicule and make light of religion because the world of to-day does not like the restraints religion imposes upon them, and to fill his pockets. But does he, or can he, bring forward any really scientific arguments for his infidelity? Why, he never even tries; his arguments are all *ridicule*, and any man who possesses the ability can *ridicule* any subject.

Do our really scientific men deny God? By no means. We have already published Darwin's belief on this subject, in which he holds that there is nothing in the teachings of science opposed to Divine existence; and now read what the great Harvey says:

"We acknowledge God, the supreme and omnipotent Creator, to be present in the production of all animals, and to point, as it were, with a finger, to his existence in his works, the parents being in every case but as instruments in his hands. In the generation of the pullet from the egg, all things are indeed contrived and ordered with singular providence, divine wisdom, and most admirable and incomprehensible skill; and to none can these attributes be referred save to the Almighty First Cause of all things, by whatever name this has been designated; the Divine Mind by Aristotle, the Soul of the Universe by Plato, the Natura Naturans by others, Saturn and Jove by the ancient Greeks and Romans; by ourselves, and as is seeming in these days, the Creator and Father of all that is in heaven, or earth, on whom animals depend for their being, and at whose will and pleasure all things are and were engendered." (*On Generation*, p. 462.)

These isolated examples could be indefinitely multiplied, but it is unnecessary; it would take volumes to exhaustively discuss this subject; we wish merely to call attention to the fact that it is neither correct nor fashionable, according to the *true* interpretation of scientific teaching, to disbelieve in God.

We have merely thrown out a few hints, upon which common sense can build.

TINCTURA GELSEMII IN NEURALGIA.

The number of women complaining of a localized pain in their left side is considerable, and this pain is usually so annoying and persistent that it makes the person affected with it forget all the other symptoms, which possibly might explain to the physician the real cause of this neuralgia. The relation which exists between this intercostal neuralgia and a morbid condition of the utero-ovarian apparatus has comparatively least been studied by those who profess to occupy themselves specially with gynæcology. But what is still less known is an efficacious treatment of this neuralgia, which makes life more miserable than the uterine or ovarian affection alone does.

One can surely say: *Sublata causa tollitur effectus.* Most of the symptoms and signs accompanying such lesions of the sexual organs develop themselves as slowly and hidden as the original disease itself. And as the treatment of the latter, at least as regards slowness of effect, goes generally hand in hand with the progress of the malady, the symptomatic and functional disturbances of the other more or less remote organs must, to cause their disappearance, be subjected to a special treatment addressed directly to them. To combat therefore with more or less success the neuralgia, which has mostly its seat in the mammary line not far from the nipple on the left side, quinine, aconite, morphia, atropia, the bromides, and many other remedies have been tried, but usually in vain.

It is J. Chéron who, in the *Rev. Méd. Chir. des Mal. des Femmes* (August 5), reports that he thinks to have found a remedy which, in the cases where he made use of it, has answered better the pur-

pose and has met with a more uniform and certain result than any of those we mentioned. This is the tinctura gelsemii sempervirens, which he gives in the following manner:

He lets the patient take from three to five tablespoonfuls of the following mixture daily, either half an hour before the midday meal, or three hours after the same:

R.	Tinctur. gelsemii,	♏ c
	Syrup simplic.,	fl. ʒ x.
	Aquæ destillat.,	q. s. ad ℥ viij.

M.

This way the patient takes from fifteen to twenty-five drops of the tincture per day. It is not necessary to increase the dose still further. Should any special points of neuralgia exist, he touches them every third day with the tincture of iodine.

The latter procedure we cannot recommend. To apply the tincture only every third day is almost useless; more effect is produced by employing the same three times every day; but the best remedy, and one which invariably will cause a disappearance of the pain, at least for some time, even without any internal treatment whatever, is the application of a small fly-blister, say of from two to three inches in size. But the emplastrum cantharidis should be left on the skin for eight hours, and be sprinkled over with morphiæ gr. iss. to prevent dysuria, easily happening in women, and must then be followed by a hot poultice, applied for about one hour only, as then any blister that wants to raise will do so, and besides the certainty of the success of the operation the patient saves herself from the annoyance of seeing every day develop another small blister. Care should also be taken not to tear the skin when removing the plaster, to dress the sore twice daily with benzoated zinc ointment, to which Peruvian balsam has been added; and if these precautions are made use of, the patient will not only be rid of her pain, suffer little from the inconvenience of the blister, but find the sore healed within three or four days.

Lycopodium sprinkled over oiled silk prevents the fabric from adhering.

Notes and Comments.

Double Sciatica in a Cancerous Patient.

The *London Med. Record*, July 15, 1883, tells us that Charcot (*Le Prog. Méd.*, No. 18, 1883), in a recent clinical lecture, described the case of a woman, aged 61, operated on several times for scirrhus of the breast, who developed severe double sciatica, together with pain in the regions of both anterior crural nerves; the pains were exasperated by the erect position, so that walking was impossible. There was tenderness in the lumbar and sacral region of the spinal column; there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Double sciatica is always symptomatic, a statement which does not deny that unilateral sciatica may be also. The causes of double sciatica are (*a*) diabetes, but in this the urine was free from sugar; (*b*) certain spinal affections, locomotor ataxy, and meningo-myelitis, but which would present symptoms that were absent in this case; (*c*) some alteration in the nerves themselves. This would be most readily accounted for by cancerous invasion of the vertebral column causing pressure on the nerves; as there was no evidence of any tumor in the pelvis. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may also be found in those affected with cancer of the stomach. The presence of double sciatica should contra-indicate operation for tumors of the breast, as metastasis may be inferred. Intense neuralgia in patients at the age for cancer should suggest careful examination of the breasts, the stomach, and the uterus. Pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer; but a fungous mass may project from the spine, in which case the vertebræ are infiltrated, and the consequence will be similar to those of Pott's disease.

Reduction of Temperature by Cold Baths.

In the *Medical Annals*, June, 1883, Dr. Henry Hun has an article on this subject from which we take the following conclusions:

First. The cold bath will reduce the fever several degrees.

Second. The temperature will remain low for two or three hours.

Third. As to the effect of the cold bath on the other symptoms of the disease: The pulse is very slightly lowered, the patient is roused out of his condition of sopor. This rousing of the patient

seems to be in great part due to the excitement attendant on the baths, and this excitement also produces a condition of nervousness in the patient which, I think, is unfavorable. So much, I think, we have seen from our case, and this is about what is claimed for cold baths by their advocates, except that they add that there is a general parenchymatous degeneration of the organs of the body produced by the fever, and which does not occur when the fever is moderated by cold baths. The parenchymatous degeneration, which consists in the deposition of solid albuminous matter in the cells seems to me to be due to the want of fluid in the tissues in typhoid fever, and it can be obviated, I think, quite as well by giving plenty of water to the patient to drink as by cold baths. In typhoid fever there is an increased production, not a diminished loss, of heat, and by cold baths the loss of heat is increased, and consequently, since the average temperature remains the same, the production of heat is increased, and there is increased oxidation of the tissues.

Lesion of the Foot in Tabes.

The *Med. Times and Gaz.*, August 25, 1883, says:

The changes which take place in long bones and large joints of the body in tabes are, thanks to the labors of Charcot, now universally known and recognized. To these we have now to add a somewhat similar affection of the bones of the foot, owning the same cause. At a recent meeting of the Société Anatomique de Paris (*Progrès Médical*, 1883, No. 31), MM. Charcot and Féré read a communication on "The Tabetic Foot." The clinical characters of this condition are briefly the following: The inner border of the foot shows a considerable thickening from the ankle to the tarso-metatarsal articulation or thereabouts, so that the arch of the foot disappears; the metatarsus appears to be dislocated outwards, so that an angular projection is formed on the inner side of the foot. Pain is hardly ever present, and neither redness nor crepitation in the joints has been hitherto recognized. MM. Charcot and Fêré have had the opportunity of examining one foot post mortem, when they found that the inferior articular surface of the astragalus and the articular surface of the os calcis were eroded and worn, their margins presenting small vegetations; there was a transverse fracture of the astragalus through the neck; the scaphoid and cuboid were so much worn as to be hardly recognizable. The first cuneiform bone was increased in thickness from above downwards, as also was the first metatarsal bone, to which it was anchylosed. The second cuneiform bone was likewise distorted and anchylosed to the second metatarsal bone. The third cuneiform bone was represented simply by a number of small fragments. All the bones of the tarsus and metatarsus had a spongy appearance, and were unusually light and friable.

The Diagnostic Value of the Bacilli Tuberculosis.

Dr. J. E. Graham read a paper on this subject before the Ontario Medical Association, in which he detailed a number of investigations made by him. We extract the following from his address as published in the *Canadian Practitioner*, for July, 1883:

1. That bacilli are found in the sputa of almost, if not all cases, of phthisis. It is doubtful if there is any case of active disease in which bacilli will not be found, provided the sputa come from the lungs, and five or six different examinations are made.

2. They are found on the first examination in three-fourths of the cases.

3. The presence of the bacilli is a positive evidence of the disease.

4. There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. In three or four of the cases given, the presence or absence of bacilli was to me of great assistance.

5. As to prognosis, the number of bacilli is in proportion to the amount and rapidity of the process of destruction. There are cases in which there is a rapid formation of miliary tubercle, in which the sputa will show a small number of bacilli. As soon, however, as in such cases breaking down commences, the bacilli will be found in very great abundance. This fact was shown in No. 2.

6. It might be said, as a general rule, that in the more chronic cases the bacilli are fewer in number and, I think, smaller.

Tumor of the Brain.

A man, æt. 49, till then always of vigorous health, and so far never having had need of the services of a medical man, felt about two months and a half before his death a peculiar weakness, attacking first his left leg, then the left arm. The region supplied by the facial nerve normal; the special senses perfectly intact; not the least headache; no neuritis optica. Finally, a moderate disturbance in speech, a peculiar difficulty he experienced in uttering articulate words; deviation of the tongue towards the left side; coma; death.

In the middle of the anterior right central convolution, posteriorly, not passing over the fissure of Rolando, a focus of softening (of the size of a five-dollar gold piece) of the gray cortical substance was met with, extending to and including the posterior ends of the three frontal convolutions. A frontal section through the anterior central gyrus brought to view below it in the centrum ovale a round tumor (glioma) of the size of a small orange, and extending as far as the ventricle. The rest of the brain was healthy. This is one of the rare cases in which a perfectly circumscribed lesion, confined to the motor area, not only explains clearly every symptom, but proves also the truth of the modern theory of localization of functions in the brain. (Bernhardt in *Centrl. f. d. Med. Wissensch.*, August, 1883, from "Brain.")

The Treatment of Chorea.

The *Med. Peess and Circular*, August 29, 1883, tells us that in the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. Opiates had no effect, neither had Calabar bean. Nowadays potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propilamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the folowing:

℞.	Liq. Fowleri,	grm. v.
	Aq. destill.,	grm. xv.
M.		

Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing or the application of ice-bags to the spine.

Melituria after Scarlatina.

In *Jahrbch. f. Kindhlkde.*, xix. B., 2 H., Zinn says:

"Diabetes in children, though more frequent than some suppose, is still rare enough to make every case of interest. On January 27, a fine, healthy four-year-old boy sickened with severe scarlatina, accompanied with extensive diphtheria of the fauces and posterior nares. On the thirteenth day otitis made itself known, and on February 11th began an acute nephritis, which ran a very severe and stormy course, but yielded, and the patient seemed to be doing well. In spite, however, of a good appetite, the child did not gain strength, and during the whole of March could not leave the bed. At the first of April it was found that there was a paretic condition of the right leg, but this gradually passed away. Ten weeks after the beginning of the sickness, the slight trace of albumen still existing in the urine, and the *increased* heart's action led to a more careful examination of the secretion, and it was found to contain a large quantity of sugar. Under proper diet and the use of salicylate of soda, the sugar gradually diminished, the quantity of urine became normal, and the child regained his strength and spirits. Repeated examinations since the middle of June have discovered no sugar. The diabetes may be said to be entirely cured. The case is interesting both in its etiology and in its result. There is in the literature of the subject no case known to the author of melituria following scarlatina. Of 111 cases of diabetes in children from various causes, Gerhardt reports only seven ending in recovery. The case should at least make us careful, in all cases of retarded recovery from scarlet fever, to examine the urine for sugar."

A Clinical Study of the Action and Uses of Caffeine and Convallaria Majalis as Cardiac Tonics.

In the *Therapeutic Gazette*, August 15, 1883, Dr. Beverley Robinson, of New York, thus concludes a paper on this subject:

Summary of Cases Seems to Show:—1. In caffeine and convallaria we have two efficient heart tonics.

2. Diuretic action of caffeine is more marked than that of convallaria.

3. Convallaria is well borne by the stomach of most patients suffering with chronic cardiac disorders.

4. When not well supported, rejection of medicine by the stomach is probably due to the uræmic condition already commencing.

5. As cardiac tonics it is difficult, as yet, to assign a decided superiority to either of these drugs, they both giving increased cardiac power.

6. Cumulative effects do not occur from their continued use during a period of ten days or more.

7. Their power of restoring the rhythm to the cardiac pulsations, and increasing the bulk of urine, is not equal to that of the infusion of digitalis.

8. In this latter drug we have still the most efficient heart tonic and regulator which has been discovered.

9. Digitalis is a more powerful diuretic than caffeine.

Removal of a Foreign Body from the Womb of a Consumptive Woman, Followed by Recovery.

After reporting this case in the *Cincinnati Medical News*, June, 1883, Dr. Wade M. Logan, says: The later history of this case, dating from the cancellation of its gynæcological feature, involving, as it does, the gradual but constant improvement in all of the bodily functions until the complete arrest of the consumptive complication, and recovery, whereas prior to that no treatment was at all availing, illustrates quite felicitously a matter that Dr. James Henry Bennet, of London, has frequently pointed out, viz.: that many consumptive women, having a neglected female complaint, are frequently unsuccessfully treated for the pulmonary malady, until after due attention to the uterine disorder. He says: "Through the usual morbid reaction of the uterus on the stomach, they have no appetite, are tormented with nausea, and can neither eat nor digest. They all invariably perish, if I am not able in time to remove the uterine malady, and thus to restore the tone of the stomach, the natural desire for food, and the power of eating and digesting."

Pneumonia Without Fever.

We take the following from the *Med. Record*, September 8, 1883:

Although in aged or cachetic individuals it is not very uncommon to see a pneumonia run its course without any noteworthy elevation of temperature, such an occurrence under other conditions is rare. Dr. Mazzotti reports a case of this kind in a robust and well-nourished porter, sixty-three years of age. The patient was suddenly seized with sharp pain in the side, cough, and bloody expectoration. Physical examination revealed the presence of a croupous pneumonia involving the left lower lobe. During the entire course of the disease, which terminated favorably, the temperature never exceeded 99.5°, and reached this height but once, being normal the rest of the time. A similar case has been recorded by Korányi. —*Centralbl. für Klin. Medicin.*, July 14, 1883.

Treatment of Diphtheria by Cold Water.

Dr. A. Worthington was led to use cold water in diphtheria, because he had successfully used it for twenty-seven years in all forms of scarlatina, and he says that he has not been disappointed. A cold wet cloth, large enough to cover the entire body, is wrapped around the patient, and it is covered with dry flannel; it is changed every half-hour for a fresh one. In the *Canada Lancet* for June, 1883, he thus concludes his article:

1. The treatment of diphtheria must be begun with the invasion of the disease to secure any safety to the patient—not a moment's time should be lost.

2. The cold water applications should be made on the first appearance of a rise in temperature, and its continuance governed by the tendency of the extremities to become cool.

3. The most careful attention should be given to the nourishment of the patient from the first.

4. Adynamic symptoms should be anticipated by the free use of stimulants and tonics, and the application of artificial heat if necessary.

Position in Labor.

Dr. A. Drummond Macdonald read a paper on this subject before the British Medical Association which concludes as follows:

In conclusion, you will understand the meaning which I wish fully to convey when I say that upon the integrity of the pelvic floor a great measure of the health and happiness of woman depends. What we have to think of is not how to repair, but how to prevent, laceration, both of its pubic and perineal, but chiefly of its perineal, segment. I have shown that a more or less sigmoid position tends to produce these lacerations, whereas a rectilinear position tends to prevent them. Is it not, therefore, advisable that we should abandon the "established" in favor of the straight-bodied position, as being more in accordance with the upright arrangements of nature?

Fatal Cyanosis in a Boy Aged Seven, with Post-mortem.

Before the Baltimore Academy of Medicine. (*Maryland Med. Jour.*, June 30, 1883), Dr. McKew reported the following case:

A boy, æt. 7, the subject of cyanosis, who had had scarlet fever recently but was entirely well of that, complained of vague pains about the joints. This was followed by gradual exhaustion, he refused to take nourishment, and died in convulsions. On opening the chest *post mortem*, there was intense lividity of the lungs; the ductus arteriosus was patent, and the size of a pencil; the foramen ovale was closed; there was very marked thickening of the right ventricle. This patient's

intellect was good, and he had no apparent disease to account for the symptoms.

The Treatment of Whooping-cough.

The *Boston Med. and Surg. Journal*, September 6, 1883, says that Dr. Archambault (*Gaz. des Hôpit.*, No 28, 1882, and *Progrès Méd.*, Nos. 48–52, 1882) recommends that children suffering from this disease should be kept in-doors, and that special attention should be paid to keeping the temperature of the rooms they occupy uniform. He states that by means of such precautions "it is almost certain that such lung complications as capillary bronchitis and broncho-pneumonia may be prevented." In support of his advice he points to the fact that summer attacks of the disease are always milder than those occurring in winter. The drug he recommends is sulphate of atropine, 1-1000, one drop thrice daily for children a year old, two drops for two-year-old children, and so on.

Epidemic Religious Excitement.

The *Brit. Med. Jour.*, August 18, 1883, says that the *Journal de Ploërmel* reports a curious example of one of those outbreaks of epidemic nervous disorder which were characteristic of the middle ages, but are now rarely heard of. Of fifty pupils of the Girls' Congregational School of Saint Marlo des Trois Fontaines, upwards of thirty-five have been attacked by a nervous disorder having all the symptoms of St. Vitus's dance. The school has been closed by order of the local authorities.

With the system in vogue in our country of educating the mind at the expense of the body, we wonder that such hysterical demonstrations are not very common.

A New Uterine Supporter.

As a means of giving tone to the vaginal walls, supporting the uterus, curing leucorrhœa and preventing intercourse, Dr. H. S. Humphrey recommends the use of the following powder, in the *Medical Age:*

Amylum	} ãã ℥ j.
Sacch. alb.	
Finely pulv. chloride of sodium. . .	℥ j.

M. Triturate thoroughly and put in a bottle; cork tightly.

A large speculum is introduced, Douglass' cul-de-sac packed, and as the speculum is withdrawn, the vaginal walls are well smeared with this powder.

Co-existence of Diphtheria and Typhoid Fever.

After reporting a case in the *Brit. Med. Jour.* July 14, 1883, and commenting on the identity of the causative agent of these two diseases, which is claimed by some authorities, Dr. G. E. Paget says:

"The recorded cases of co-existence of diphtheria and typhoid fever are not numerous. If they were, they would afford some countenance to the view that the poison of diphtheria is identical with that of typhoid. It is, of course, conceivable that they might be. But so many epidemics of typhoid fever occur without diphtheria, and so many of diphtheria without typhoid, that the evidence at present is strongly against the identity of these essential causes."

Effect of Alum Gargles upon the Teeth.

M. Young (*Courier Med.*), prescribed a gargle containing a small proportion of alum for a woman suffering from chronic pharyngitis with catarrh of the middle ear. The patient, finding relief, continued its use for some three weeks. But perceiving that, at meals, her teeth began to crumble into little pieces, she consulted her dentist, who considered it due to the alum gargle, as when the enamel is removed from the teeth, the alum breaks down the dentine. To prevent this it is best, immediately after using an alum gargle, to wash the mouth out with a solution of bicarbonate of soda or an alkaline water.

Extract of Quebracho in Dyspnœa.

Dr. Mariani y Larrion, in *Il. Sentida Catal.*, March, 1883, asserts that this substance diminishes the frequency of respiration and of cardiac contraction in a very short time. It proves of especial advantage in dyspnœa of nervous origin, and perhaps also in that observed in acute affections of the thoracic organs.

He has found also that it may be used for a long time without injury to the system.

Some of the conclusions of the author must be received with reserve, for certain of the alkaloids obtained from quebracho are toxic, as proven by the recent experiments of MM. Huchard and Eloy.

Rupture of Uterus, Caused by Ascites of Fœtus.

Delay in delivery, when position and everything else seemed favorable, caused Dr. A. Chevallier Preston (*Lancet*, July 7, 1883,) to marvel. The pains were good, yet the fœtus was not expelled. Considerable traction on forceps was futile. Introduction of the finger revealed enormous ascites of the fœtus; the abdomen was punctured, and the child delivered. The uterus

was ruptured, and considerable hemorrhage occurred, which was controlled. On the fifth day it recurred suddenly, and the woman died before assistance could be rendered.

Is there a Voluntary Muscle Controlling the Pharyngeal Meatus of the Eustachian Tube?

Dr. Thomas F. Wood asks this question in the *Annals of Anatomy and Surgery* for July, 1883. He answers it by saying that in one case, which he reports in the journal (himself), he is firmly impressed with the belief that there is such a set of voluntary muscles, and it may be possible by minute dissection to determine this. He does not think that his case is unique, and believes that a larger observation will show this condition to be not uncommon.

A Case of Early Recurrence of Measles.

Instances of early recurrence of zymotic diseases in the same subject are so comparatively rare as to be worthy of passing note. Dr. Alexander Stewart reports a case in the *Glasgow Med. Jour.* for September, 1883. The patient, a child seven months old, had measles in May of this year; a perfect recovery ensued, when on June 5, thirty-three days after the commencement of the first attack, a typical case of measles again manifested itself. The recovery from the second attack was slow, but ultimately complete.

The Diseases of Monkeys.

In a communication on this subject to the *Lancet*, August 18, 1883, Dr. J. B. Sutton furnishes a weapon for the opponents of the popular idea of Darwinism, *i. e., our descent from monkeys*, for he forcibly notes the three following points: "1. The infrequency of tubercle. 2. The remarkable absence of tumors. 3. The absence of kidney disease of any description." While the great frequency of these diseases among human beings is well known.

For Cramps.

In the *Brit. Med. Jour.*, September 1, 1883, a correspondent recommends the following for cramps: Extract of hyoscyamus 3 grains, camphor 2 grains, bromide of morphia $\frac{1}{12}$ grain, in a pill at bedtime; while another writer claims good results from small doses of bichloride of soda.

A Successful Injection of Saline Solution.

Prof. Nothnagel and Herr Ritter von Hacker recently injected into a vein in the upper part of the arm about two pints and three-quarters of a solution of common salt of 0.6 per cent., rendered alkaline by two drops of a concentrated solution of soda. The patient was a young man who was in imminent danger from weakness of the heart, consequent upon loss of blood by reasoh of an abscess in the stomach. He is getting well.

Manaca in Gonorrhœal Rheumatism.

Dr. George Herschell says in the *Lancet*, August 18, 1883, that he has successfully treated many cases of gonorrhœal rheumatism with five minim doses every three hours of fluid extract of manaca (Franciscea uniflora). He has also used it in *simple* acute rheumatism, and his results have been equal to those derived from salicylate of soda, while in some cases, manaca has succeeded when the former has failed.

Postponed Syphilis.

Dr. Laffan records in the *Lancet*, August 18, 1883, a fatal case, in which syphilitic necrosis of the frontal bone occurred in a man aged thirty-four years, seven years after he had contracted the disease, he having been comparatively free from manifestations during most of the interim. Mercury had been freely used in the early treatment.

Traumatic Tetanus from Railroad Injuries.

Dr. F. W. Beard, of Vincennes, Ind.. believing this condition to be almost universally fatal, says (*Ft. Wayne Jour. Med. Sci.*, July, 1883,) that he would recommend chloroform in violent cases, not with a curative idea, but merely to smooth the path from time to eternity.

CORRESPONDENCE.

A New Remedy for the Nausea of Pregnancy.

EDS. MED. AND SURG. REPORTER:—

Your recent article on "Pop-corn for the Vomiting of Pregnancy" reminds me that a domestic remedy in repute in this locality may be of value to some of your readers. It is prepared by charring kernels of the common Indian corn and making a "tea" of them. A sip of this "tea," either cold or warm, is taken when feeling the nausea, and in every case in which I have seen it used it seems to answer the purpose.

I record this not because I consider this remedy a "specific," but because in such a peculiar and obstinate trouble as this, the physician's quiver should be supplied with every arrow that is at all likely to do execution, and I have never seen it mentioned in any print. ILLINOIS.

West Jersey, Ill., September 25, 1883.

News and Miscellany.

Tri-State Medical Society of Indiana, Kentucky, and Illinois.

This society met in its ninth annual session in Indianapolis, September 18, 19, and 20, and the following papers were read: "Torticollis," by Dr. D. S. Booth, of Sparta, Ill.; "Treatment of Compound Fractures," by Dr. Ap Morgan Vance, of Louisville, Ky.; "Nerve-Stretching," by Dr. J. B. Wright, of Olney, Ill.; "Fracture of Os Frontis of Eighteen Years' Standing," by Dr. W. S. Haymond, of Indianapolis; "Myelitis Due to Arsenical Poisoning," by Dr. A. W. Brayton, of Indianapolis; "Syphilitic Interstitial Keratitis," by Dr. H. M. Post, of St. Louis; "Resection and Amputation: Their Relative Value," by Dr. R. E. Haughton; "Physiology and Pathology of Insanity," by Dr. N. Field, of Jeffersonville; "Some Mental Problems in Questions of Medical Jurisprudence," by Dr. C. G. Commegys, of Cincinnati; "Insanity," by Dr. Hays, of Chicago; "Sponge-Grafting," by Dr. Edward Borck, of St. Louis; "Stone in the Bladder," by Dr. H. H. Mudd, of St. Louis; "The Anti-pyretic Treatment of Typhoid Fever," by Dr. G. C. Smythe, of Greencastle; "Diseases of the Fallopian Tube, with Tait's Operation as a Means of Cure," by Dr. Thomas Harvey, of Indianapolis; "Chloroform in Labor," by Dr. G. V. Woolen, of Indianapolis; "Notes on Tracheotomy," by Dr. William H. Myers, of Fort Wayne, Ind.; "Errors of Refraction and Defects of Accommodation," by Dr. L. J. Jones, of Chicago; "Hutchinson's Inhaler," by Dr. William Byrd, of Quincy, Ill.

The officers elected for the ensuing year are as follows:

President—Dr. B. N. Griffith, of Springfield, Ill.

Vice-Presidents—Dr. J. W. Matthews, of Louisville, Ky.; Dr. C. G. Commegys, of Cincinnati, O.; and Dr. J. E. Link, of Terre Haute, Ind.

Secretary—Dr. G. W. Burton, of Mitchell, Ind.

Chairman of the Committee on Arrangements—Dr. F. L. Matthews, of Springfield, Ill.

Chairman of the Committee on Programme—Dr. C. P. Pearson, of Indianapolis, Ind.

It was decided to hold the next meeting of the Association at Springfield, Ill., within two weeks of the middle of September, 1884, the exact date to be given at an early day.

The Tribulations of a Country Obstetrician.

The *Journal of the American Medical Association* says:

Under this title a Dr. Pierre gives, in the *Gazette Med. de Picardie*, a very amusing account of his experiences. In one of his cases, where he assists at the birth of a child born out of wedlock, the mother of the mother is highly indignant, not at the condition of her daughter—that is a small matter—but that the mother of the father is not present at the birth, an indignity which she could not brook, but which was finally condoned by the arrival of the offending party. One case can well be given in his own style: "I was on duty at the Hospital Saint Antoine. One night, about one o'clock, I was awakened to receive a patient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history, but I will let her speak for herself: 'I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At ten o'clock last evening I was one of the first at the dance, near the Place du Trone. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave the hall as late as possible. But the pains continued. The more I suffered, the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the *galop* followed, in which I seized my partner with a vigor I did not know I was capable of, when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape; they pursued me. I ran out; they followed me. I passed down the Boulevard Mazas; some thirty of them were at my heels. Where the Mede Charenton branches off, I climbed over the board fence of a wood-yard. Fortunately, my pursuers had lost track of me. I sat on the ground; it was time; the child came five minutes afterwards. I have wrapped it up in my handkerchief; and small as it is, I think it will live.' She was right; both mother and child did well, and she left the hospital ten days later without any disagreeable complication."

Some Objections to the Employment of Boracic Acid for Preserving Food.

The *Chemist and Druggist*, August 15, 1883, says:

"Boracic acid has of late been much talked about, and either alone or mixed with other substances, actually employed as a food preservative. In a paper by J. Foerster, sent to the *Berichte der deutchen chemischen Gesellschaft*, July 23, 1883, he points out that, from the results of diet experiments carried out under his direction, the protracted consumption of even small quantities of boracic acid with the daily food is, in his opinion, detrimental to proper nutrition.

"The author found that, living upon a diet consisting exclusively of milk and eggs, with and without the addition of boracic acid, and carefully examining the fæces in all cases where boracic acid had been consumed, there was an increase in the excretion of dry substance and nitrogen; that more than the normal quantity of bile was excreted, and that albuminous constituents of the food were unnecessarily lost."

Health Aphorisms.

The following wise sayings are formulated by Frank H. Hamilton:

The lives of most men are in their own hands, and as a rule the just verdict after death would be *felo de se*.

Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

Mold and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel; but one is the shadow, the other the substance, of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits in-doors and drinks whisky and beer, is certainly as unwholesome as milk from a distillery-fed cow.

Dirt, debauchery, disease, and death, are successive links in the same chain.

American Climatological Association.

This new Association, having for its object the study of the diseases of the respiratory organs, together with the influence of climate upon them, was organized in New York, September 25.

Drs. Tyndale, of New York, Bruen, of Philadelphia, and Garland, of Boston, were appointed a committee to draft a Constitution and By-laws, to be submitted to the next meeting, and the same committee was appointed temporarily a Board of Censors.

Drs. Garnett, of Washington, Donaldson, of Baltimore, Bosworth, of New York, Shurley, of Detroit, and J. C. Wilson, of Philadelphia, were appointed a Committee of Arrangements for the annual meeting, which will be held in Washington either immediately before or after the next meeting of the American Medical Association.

The following officers were then elected:

President—A. L. Loomis, M. D., New York.

1st Vice-President—F. I. Knight, M. D., Boston.

2d Vice-President—W. H. Geddings, M. D., Aitkin, S. C.

Secretary and Treasurer—J. B. Walker, M. D., Philadelphia.

Papal Honors to a Medical Man.

His holiness, the pope, has just conferred the Knight Commandership of the Illustrious Order of Pius on Dr. Anthony Colling Brownless, K. G. G., Vice-Chancellor of the University of Melbourne, and Senior Consulting Physician, Melbourne Hospital. This decoration carries with it a patent of nobility. The order is a temporal one, and is conferred upon members of all religious creeds who, for their distinguished attainments, high official rank, or great public services, are considered worthy of the honor. Dr. Brownless, who received his professional education at St. Bartholomew's Hospital, is an M. D. of the University of St. Andrews and of Melbourne University, and is a Member also of the Royal College of Surgeons of England.

Opposition to Homœopathy in Austria.

According to the Austrian papers, a medical man, named Schmidt, left a sum of $12,500 some years ago for the purpose of establishing a chair of homœopathy at the Vienna Medical College. The Minister of Public Instruction invited Professor Seidelmann a short time since to report upon the technical value of homœopathy. His somewhat lengthy treatise (the views of which are fully agreed in by Professor Rokitansky) expresses the opinion that the teaching of homœopathy at the institution in question would be unworthy of the present situation of medical knowledge. Acting on this report, the Government is said to have refused to accept the legacy, the ultimate disposal of which is now a matter of some uncertainty.

Artificially Colored Pickles.

The Court of Appeals in Brussels has decided that the objection to pickles artificially colored green by the contact of the vinegar with copper utensils is a mere prejudice. Some manufacturers of pickled gherkins in that city having been condemned in December last to a fine for having, in the technical language of the judgment, "sold or exposed for sale certain substitutes affected by copper verdigris of a nature to cause the death of the consumer, or at least to produce effects injurious to health," one of the condemned appealed, and the case necessitated the examination of scientific witnesses. Professors in chemistry gave evidence on both sides, but it was of such a conflicting character that finally judgment, free of costs, was given for the appellant.

The Drainage of Paris.

The *Med. Times and Gaz.*, July 14, 1883, says that a French paper thus comments on this question:

"The bad sanitary condition of Paris, the recent and serious epidemic of typhoid fever, and the bad smell at the present day still the characteristic of the capital of France, have provoked the nomination of a special technical commission to report upon the ameliorations that might be possible to apply to this state of things. * * * It is absolutely evident to all who have studied the question, that energetic measures ought to be adopted to preserve the health of the inhabitants of, and visitors to, Paris."

Monmouth County (N. J.), Medical Society.

At a meeting held October 1, the following officers were elected:

President—Dr. Edward Field, of Red Bank.

Vice-President—Dr. C. D. W. Vandyke, of Perrineville.

Secretary—Dr. D. M. Forman, of Freehold.

Treasurer—Dr. I. S. Long, of Freehold.

A Good Example for Us to Follow.

The *Lancet*, July 18, 1883, has the following:

For using improper mortar in the erection of houses at Highgate New Town, a builder has been fined $500. The magistrates thought a summons should be taken out against the defendant, to compel him to pull the houses down.

Items.

—Dr. Robert Park (*Lancet*, June 15, 1883,) recommends jaborandi or pilocarpine in collapse of scarlatina maligna.

—A Chinese doctor, in Arizona Territory, was fined $100, because his diploma turned out to be only a laundry list.

—In the *Lancet*, June 16, 1883, Dr. Charles H. Carter publishes a report of ovariotomy twice successfully performed upon the same patient. Cyst ruptured both times.

—The Hartford Hospital is reported to have had bequeathed to it by the will of the late Mr. David Gallup, property which it is thought will exceed $20,000 in value.

—One of the young men who was sent to Egypt under the auspices of M. Pasteur to study cholera, has died from that disease. His name is Thuillet, and it should be remembered gratefully, for he died for science and humanity.

—The smallpox hospital of San Francisco is filled with lepers. The papers of that city advocate the building by the Government, on an island, of a lazaretto, where all cases of leprosy throughout the country might be removed.

—In the *Brit. Med. Jour.*, June 2, 1883, Dr. William Julius Mickle reports a case of fatal acute peritonitis following intestinal perforation, with a duration of twenty-four hours and a half; such cases generally proving fatal in from five to ten hours.

—It has been decided to build the new Ohio State Asylum on the outskirts of Toledo. One hundred and fifty acres of land have been obtained for the purpose, and the cottage plan will be adopted. It is said that the non-restraint system will be enforced.

—M. L. de Wecker (*Comptes Rendus*) shows that the infusion of the seed of the jequirity (*Abrus Precatorius*) contains a bacillus which, if applied to the human eye, produces purulent ophthalmia. This is the first instance of the transmission of an infectious disease by a plant.

—M. V. Burq (*Comptes Rendus*) confirms the reported immunity of workers in copper from cholera and typhoid fever. The *Bon Accord* trade society, consisting of 300 to 400 bronze-turners, fitters, etc., has not, since its foundation in 1819, lost a single member by either of these diseases.

—It was an unfortunate metaphor, that of the London doctor, who, having been sent for by a lady in Chelsea, remarked, on her apologizing for asking him to come such a distance, "Don't speak of it. I happened to have another patient in the neighborhood, and can thus kill two birds with one stone."

—The canton of Gournay, in Normandy, famous for its excellent butter and soft cheese, is remarkable also for the decayed teeth of its inhabitants. No less than eighty per cent. of the conscripts from this canton are declared unsuitable for military service from this infirmity, and the cause is a great mystery.

—M. Deherain, the French chemist, has made known the results of his experience on sewerage applied to soils; such induced fermentation in the ground, and developed myriads of M. Pasteur's little beings, the microbes—the cause of typhoid fever and contagious diseases.

—At Sacramento a discovery has been made which will be likely to bring about similar investigations in other towns and cities of the Pacific coast. The fact has been brought to light that in that city the dead are deposited in the cemeteries in graves so shallow that the coffins are in many instances but a few inches below the surface of the ground, whereas the law plainly directs that the top of every coffin shall be at least four feet below the natural surface of the ground.

—On October 1st, a School of Pharmacy for Women opened its doors in Louisville, Ky. Miss Kate Palmer is to be the botanist of the school, and Mrs. Rachel Lloyd the chemist, but all the other instructors will be men. The promoters of this enterprise believe that women are specially qualified for the operations of the pharmacy, and that in training them for a new field of work a public benefit is conferred.

—The death has been announced of Dr. Hermann Muller, of Lippstadt, at Prad, in the Tyrol. He was probably the foremost authority in the world on the subject of the relation of insects to the fertilization of flowers. He had also devoted much time to the study of the genesis of the colors of flowers. A translation of his "Die Befruchtung der Blumen," has just been published by Macmillan & Co.

QUERIES AND REPLIES.

Wanted—"A Black List."

EDS. MED. AND SURG. REP.:—

Our County Medical Society wishes to introduce some plan whereby *dead-beat* patrons can be made known to the members. Somewhere I have seen it spoken of as a *black list*. Can I get the information I need through your columns—the workings, success, etc., etc.?

Lockport, N. Y. H. C. HILL, M. D.

Inquirer.—Yes. The *Quarterly Compendium of Medical Science* for October is now ready. No. We never publish articles in the *Compendium* that have appeared in the REPORTER; the one supplements the other.

MARRIAGES.

BRUBAKER—NEEDLES.—At the First Unitarian Church, Philadelphia, September 27, 1883, by the Rev. Wm. H. Furness, D. D., Dr. Albert P. Brubaker and Miss Edith Bentley Needles, both of Philadelphia.

CORBOY—PHIBBS.—In Cincinnati, September 20, 1883, by the Rev. A. B. Morey, Dr. C. S. Corboy, of Winchester, O., and Miss Inez Phibbs, of Cincinnati, Ohio.

USILTON—STEVENSON.—At the residence of the bride's mother, 1802 South Thirteenth street, Philadelphia, September 26, 1883, by the Rev. Alex. M. Wiggins, Charles A. Usilton, M. D., and Sarah Ella Stevenson, both of this city.

PAINE—REDDEN.—At the residence of the bride's father, Dr. R. D. Redden, of DeLeon, Texas, September 26, 1883, by the Rev. W. R. D. Stockton, Dr. C. F. Paine, of Comanche, Texas, and Miss Sallie C. Redden.

DEATHS.

ANNIN.—At the Sheldon House, Ocean Grove, N. J., September 26, 1883, J. D. Annin, M. D., aged seventy-six years and ten months.

NEWTON.—In Pittsburgh, Pa., September 15, 1883, Dr. O. E. Newton.

STROUD.—In this city, September 25, 1883, Dr. William D. Stroud.

WILLIAMS.—In Louisville, Ky., September 20, D. J. Williams, born April 17, 1817.

DONOHO.—At Triune, Tenn., August 14, 1883, Dr. Charles R. Donoho, aged forty-six years.